

**AGENDA  
Tompkins County Board of Health  
Rice Conference Room  
Tuesday, June 23, 2015  
12:00 Noon**

**12:00** I. Call to Order

**12:01** II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)

**12:04** III. Approval of May 26, 2015 Minutes (2 mins.)

**12:06** IV. Financial Summary (9 mins.)

**12:15** V. Reports (15 mins.)

Administration

Children with Special Care Needs

Medical Director's Report

County Attorney's Report

Division for Community Health

Environmental Health

**12:30** VI. New Business

**12:30** ***Environmental Health (15 mins.)***

**Enforcement Action:**

1. Resolution #ENF-15-0015 – Jin Wu Restaurant, C-Ithaca, Violation of Part 14-1 of the New York State Sanitary Code (Food) (5 mins.)
2. Resolution #ENF-15-0016 – Stella's, C-Ithaca, Violations of Part 14-1 of the New York State Sanitary Code and Board of Health Orders Dated December 10, 2013 (Food) (5 mins.)
3. Resolution #13.1.20 – Town of Ulysses Water District #3, T-Ulysses, Revised Resolution to Modify Deadlines (Water) (5 mins.)

**12:45** ***Adjournment***

DRAFT MINUTES

**Tompkins County Board of Health**

**May 26, 2015**

**12:00 Noon**

**Rice Conference Room**

- Present:** David Evelyn, MD, MPH; Brooke Greenhouse; James Macmillan, MD, President; Michael McLaughlin, Jr.; Susan Merkel; and Janet Morgan, PhD
- Staff:** Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; Frank Kruppa, Public Health Director; and Shelley Comisi, Keyboard Specialist
- Excused:** Sylvia Allinger, Director of CSCN; Will Burbank, Board of Health Member; William Klepack, MD, Medical Director; Edward Koppel, MD, Board of Health Member; and Jonathan Wood, County Attorney
- Guests:** David Bell, Assistant Director of Willard Straight Hall and Community Center Programs, Cornell University; Roxanne Edsall-Beebe, Administrative Assistant, Cornell University; Francis Jimenez, Tompkins County Health Department Intern; Skip Parr, Senior Public Health Sanitarian; and Anne Wildman, Public Health Sanitarian

**Call to Order:** Dr. Macmillan called the regular meeting of the Board of Health to order at 12:03 p.m.

**Approval of April 28, 2015 Minutes:** Dr. Evelyn moved to approve the minutes of the April 28, 2015 meeting as written; seconded by Ms. Merkel. The minutes carried with one abstention (Dr. Macmillan).

**Financial Summary:** Ms. Grinnell Crosby reported expenditures appear higher in several program areas due to the County posting fringe benefits to the books on a different schedule than in the prior two years. She noted the County is trying to post fringes on a more regular basis. It looks like the department is overspending in areas, but it should even out by the end of the year.

When asked about the difference between the Medical Examiner (4014) and the Medical Examiner Program (4017) accounts, Ms. Grinnell Crosby explained the County has two separate accounts because the number of deaths that require the Medical Examiner's response cannot be controlled. Those services are in a separate account that is not part of the fiscal target. The 4014 account is staffing and administrative expenses. The 4017 account is the mandate account for autopsies, removals, forensic labs and body bags. That program is high because there have been twice as many autopsies as prior years at this time.

## DRAFT MINUTES

In response to a question about determining whether or not an autopsy should be conducted, Ms. Grinnell Crosby answered the decision is made by the Medical Examiner, but law enforcement may consult. Mr. Kruppa pointed out the Medical Examiner does a good job of controlling costs where appropriate. The number of autopsies does impact the budget so trends over time will be considered when putting the budget together. From his perspective, Dr. Evelyn believes the Medical Examiner is judicious about performing autopsies.

**Privilege of the Floor:** David Bell addressed the Board as a representative of Cornell University. He introduced his colleague, Roxanne Edsall-Beebe, who handles event registration forms on campus. Mr. Bell distributed and discussed a letter (Attachment 1) outlining Cornell's proposal regarding temporary food service permits. Their concern is the proposed fee increase of \$150 for a "complex menu" event is a dramatic increase for a student organization. Often the organizations opting to prepare their own food are culturally diverse organizations who may feel targeted by the fee increase. Cornell is requesting the fee be waived. In lieu of the waiver, Cornell would train and supervise the students preparing food. They would like to try this new process and see how it works.

Mr. Bell responded to questions from Board members:

- Cornell entities to be involved in the training and oversight process include a combination of risk management, legal, dining, and the office for Student Leadership, Engagement and Campus Activities.
- With the fee increase going into effect in January 2016, Cornell's timeline is to start the advance training in September when students return. There are records for organizations that have held events in the past, so training would begin with those groups.
- Cornell Dining would not be responsible for the events. Organizations choosing to use the on campus kitchen would need to hire a dining cook to supervise the production. Those organizations renting a kitchen off campus because it is cheaper would be required to go through the training.
- Cornell's proposal is about student organizations not having the budget to pay the \$150 fee for a complex menu event. Cornell will train and work with the students to stay within New York State's regulatory requirements.
- There are about 15 to 20 groups that would need the training. For those student organizations paying for kitchen rental and a professional dining supervisor, the additional \$150 for a food service permit makes a dramatic impact on whether or not they can carry out an event.
- In 2014, there were ten events where the organizers requested self-prepared food production; this year there are eight events. Ms. Wildman added those events would now be classified as complex menu events.

**Administration Report:** Mr. Kruppa reported:

- The budget process is underway. This year there is a timing issue so the budget will be submitted to the County Administrator before being presented to the Board. Being a preliminary step, if the Board wants to see something changed, the proposal can be amended. It is a "hold steady" budget with no significant cuts.

## DRAFT MINUTES

- In this month's packet, Director Theresa Lyczko of the Health Promotion Program (HPP) submitted a separate report. Previously HPP was a part of the Division for Community Health but is now a part of Administration. There are reasons for the organizational change. First, public health is moving in the direction of education, outreach and the convener of partners aimed at improving health. In addition, the change allows the program to broaden and integrate its work with the work happening in all divisions at the department.

**Medical Director's Report:** Dr. Klepack was not present for the meeting.

**Division for Community Health Report:** Ms. Bishop reported:

- Several staff members are transitioning into their new roles in the Division. She will begin orienting the newly hired WIC Director, Cathy Sinnott, to her position. Ms. Sinnott comes with a year and a half experience serving as the Broome County WIC Program Director.
- Staff met with Dr. Klepack to work on the Communicable Disease report. The statistical report will be taken directly from the New York State reporting system. A narrative report will highlight cases showing a significant uptick.
- The Division's new Administrative Coordinator has been able to update the program and clinic statistical reports with data for January through April 2015.

Ms. Bishop answered questions regarding the Communicable Disease Report:

- The frequency number is the actual number of cases in Tompkins County. There can be a lag in data reported to the statewide reporting system; however, the narrative report will provide real-time information.
- The frequency number for each year is in sync for the time period the report was generated.

**Children with Special Care Needs Report:** Ms. Allinger was not present for the meeting.

**County Attorney's Report:** Mr. Wood was not present for the meeting.

**Environmental Health Report:** Ms. Cameron had nothing to add to her written report. Board members were interested in hearing about the Healthy Neighborhoods Program (HNP) meeting hosted by Tompkins County HNP staff for counties around the state. Mr. Parr responded the meeting was arranged to provide an opportunity to share information among the different Healthy Neighborhood Programs. A state representative from Albany called in with updates. Meeting and talking with other program representatives spurred some ideas that may or may not be suitable for Tompkins County's program. There was a good representation from counties and positive feedback for the event. He would welcome another county holding a follow-up meeting in the future.

**Resolution #ENF-15-0014 – Rodeway Inn and Suites, T-Ithaca, Violation of Part 14 and Subpart 7-1 of the New York State Sanitary Code (Food):** Ms. Cameron reported food was being served at the temporary residence without a valid permit. The manager

## DRAFT MINUTES

looked into the requirements for a food service establishment but decided it was too costly. Upon a later inspection, foods were being served again without a valid permit.

Dr. Morgan moved to accept the resolution as written; seconded by Dr. Macmillan; and carried unanimously.

**Resolution #12.1.25 – Village of Dryden Public Water System, V-Dryden, Revised Resolution to Modify Deadlines (Water):** Ms. Cameron summarized the situation for the Board. TCHD received notice 45 days in advance of the deadline that the Village of Dryden requested a change in the resolution that would remove the requirement to submit the Map, Plan and Report (MPR) for connecting to Bolton Point. In response, TCHD proposes suspending the deadline for the MPR to be submitted pending staff review of the engineering study that is evaluating the alternatives for resolving the water supply problem. That engineering study is due June 15th.

Ms. Cameron responded to questions from the Board:

- The Village of Dryden is no longer pursuing the Bolton Point water connection; consequently, they do not want to prepare the MPR for that option. They are pursuing a well on New York State Department of Environmental Conservation (DEC) land near Dryden Lake. The MPR for Bolton Point may be unnecessary if sufficient technical information about that option is provided in the engineering study.
- Quarterly progress reports have been submitted by the Village of Dryden. The new mayor, Reba Taylor, wants to finish the project and spoke to TCHD staff about proper communication with TCHD.
- This resolution tables the MPR until the engineering report is submitted.

Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Evelyn; and carried unanimously.

**Review of Proposed 2016 Environmental Health Division Fees including New Temporary Food Fee Structure:** Ms. Cameron referred to the revised *Table 1 – 2016 Proposed Environmental Health Fee Schedule* for the Board to review. She pointed out the Mass Gathering Plan Review fee was increased from \$1050 to \$2000. Other fees that have been changed are the temporary food service fees.

Mr. Greenhouse moved to approve the Environmental Health Division Fees for 2016 as written; seconded by Mr. McLaughlin.

In the discussion regarding a mass gathering, Ms. Cameron described it as a gathering of 5000 or more people with people staying overnight, e.g., GrassRoots. Mr. Kruppa added that the regulatory definition was clarified last year, so staff came up with a fee that was thought to be reasonable. After re-evaluating the costs involved, the fee needs to be increased. With two categories of mass gatherings, Ms. Cameron noted GrassRoots is classified as an existing event. The new event fees are higher than existing event fees because all information is being reviewed for the first time. An incident response fee is included for all facilities in order to charge for staff being on site 24 hours a day when necessary.

## DRAFT MINUTES

Regarding the changes to the Temporary Food Fee Structure, there was a lengthy discussion that included Cornell's proposal presented earlier in the meeting. It was noted the goals are to ensure food safety and recover costs for the time staff spends on events. Complex menus may be planned by nonprofessionals who are unfamiliar with the requirements for preparing and serving food to the public. Appropriate education and training are necessary in these situations with an inspection conducted on the day(s) of the event. There is no effort to target any group.

Board members were not comfortable with Cornell's proposal as presented because it did not provide enough detailed information about the training and supervision. However, they agreed with Ms. Cameron's suggestion that her staff could have further discussions with Cornell to consider other options.

Ms. Cameron reiterated the proposed fee structure attempts to recover costs in an equitable manner for the services the Division provides. Complex menu events must be inspected which is time-consuming. The fees are for any organization applying for a complex menu event and would be new for a number of entities. Board members expressed their appreciation for the time and effort Ms. Cameron and her staff put into the creation of the fee schedule and called for a vote.

The vote to approve the proposed Environmental Health Division Fees for 2016 as written was unanimous.

**Machlin Request for Waiver of OWTS Permit Fee, 555 Ellis Hollow Creek Road, T-Dryden:** Ms. Cameron reported the residents are working toward a solution to their failing sewage system. Due to the financial reasons outlined in her letter, Ms. Machlin is requesting a waiver of the application fee. The Division supports her waiver request to help facilitate the repair or replacement of the sewage system.

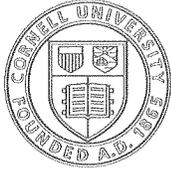
Dr. Morgan moved to approve the waiver request; seconded by Dr. Macmillan.

Mr. Parr spoke to Ms. Machlin recently about obtaining a permit in order for the contractor to dig into the system to diagnose the problem. Staff will be meeting with the contractor to oversee his investigation.

The vote to approve the request to waive the OWTS permit application fee was unanimous.

**EH Accela Citizen Portal Demonstration:** Ms. Cameron demonstrated the online permitting system which can be accessed from the Tompkins County home page or from EH web pages for the different program areas. This system allows the user to submit a permit application, pay fees by credit card, search records for sewage system permits, and track the status of an application.

**Adjournment:** At 1:45 p.m. Dr. Macmillan adjourned the meeting.



Cornell University

**Office of the Dean of Students**

For Student Leadership,  
Engagement, & Campus Activities

**David Bell**

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May 26, 2015

TCEH

Dear Sir or Madam:

My name is David Bell, and I am here as a representative of Cornell University on the topic of Temporary Food Service Permits.

The university's main concern of the proposed changes, is the dramatic impact it will have specifically on the university's diverse multicultural group(s) budgets.

A "complex menu" event that occurs on campus are most often associated with international groups. As such, it may be felt as targeted to specific ethnic groups. These groups feel that they cannot always obtain culturally authentic foods from the local vendor market, when menu authenticity is required.

At Cornell University, we are proposing that we start by developing the training and supervision needed for the few events that do require a complex menu which they choose to produce themselves.

As such, we can continue to extend the same privileges to our culturally diverse population, (without undo fiscal hardship) as that felt by any other organization on campus. In this case the fee would continue to be waived. As budgets for student events are not provided by Cornell, a \$150.00 fee is a dramatic jump from "waived" for a student organizations. It still may require TCEH to show up at the event service time for inspection but any pre-event education or training can be done on campus.

Cornell's ability and experience to oversee the few complex menu events that are held on campus, would also alleviate the extra efforts by the Board of Health. At Cornell, we will add this menu review to our existing event process to review and oversee which will not affect the fees that TCEH will collect.

Best Regards,

David Bell

CC/cc  
Craig McAllister  
Mark Stanley  
Gary Stewart

## Attachment 1

Penny Givin  
Joe Scaffido  
Roxanne Edsall  
Travis Apgar

## Dashboard Display thru May 2015

	Expenditures	Revenues
Health Department		
Mandates		
Non-Mandates		
Preschool Special Education (2960)		
Plng. & Coord. (Health) (4010)		
Women, Infants & Children (4012)		
Occupational Hlth.& Sfty. (4013)		
Medical Examiner (4014)		
Vital Records (4015)		
Division For Community Health (4016)		
Medical Examiner Program (4017)		
Plng. & Coord. Of C.S.N. (4047)		
Phys.Handic.Chil.Treatmnt (4048)		
Early Intervention (0-3) (4054)		
Environmental Health (4090)		
Public Health State Aid (4090)		

LAST REFRESH: June 09, 2015

### EXPENDITURES

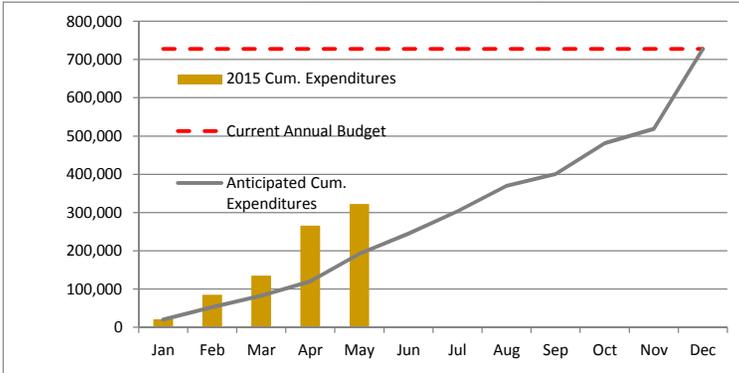
Cumulative to date compared to budget (over budget by more than 25% = Red, between 110% and 125% of budget = Yellow, below 110% of budget = Green)

### REVENUES

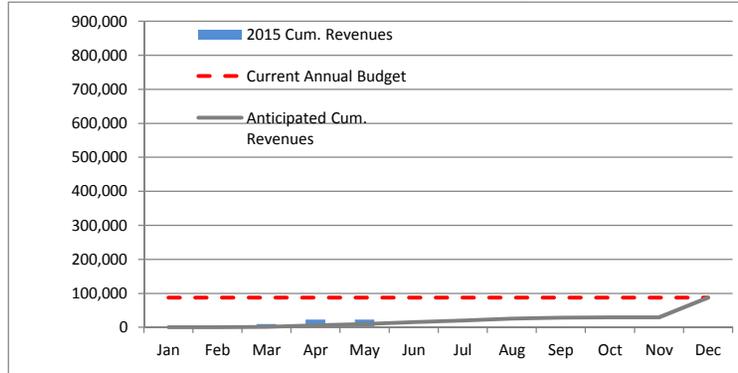
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

# Health Dept - Planning & Coordination (4010)

Cumulative Expenditures thru May 2015



Cumulative Revenues thru May 2015



Data Lapse:  
30 days

**Appropriations**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

**Revenues**

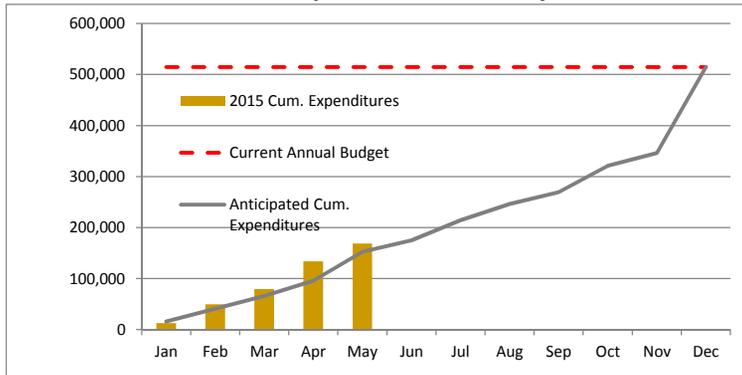
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

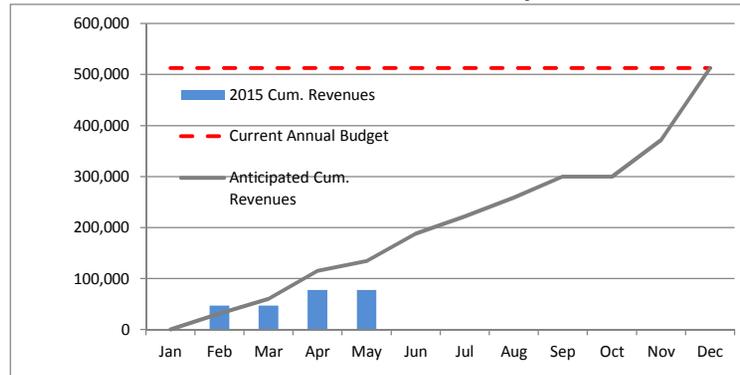
**Notes: Expenditures reflected for 2015 are higher primarily due to posting of fringes to the county books. Fringes were not posted for the period thru May for 2013 and 2014. In addition, the Preparedness Program hired a Project Assistant to assist with the execution of the Point of Dispensing exercise.**

## Health Dept - Women, Infants & Children (4012)

**Cumulative Expenditures thru May 2015**



**Cumulative Revenues thru May 2015**



Data Lapse:  
30 days

**Appropriations**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

**Revenues**

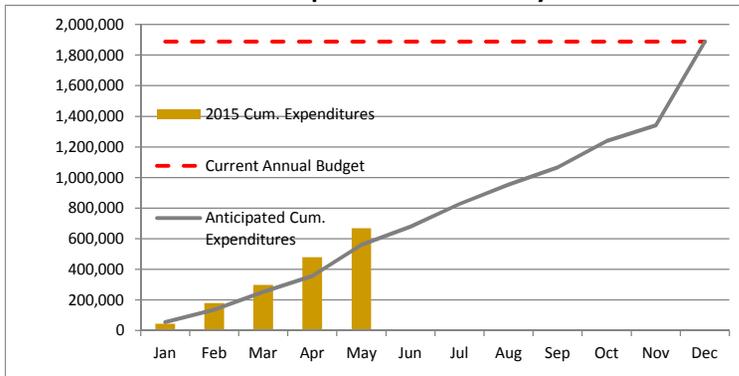
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

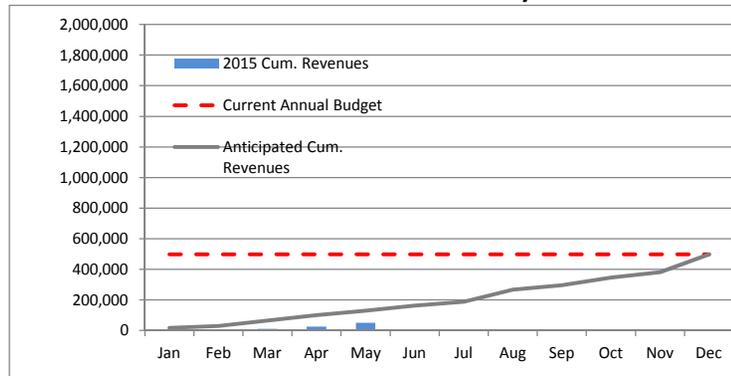
**Notes:** Expenditures reflected for 2015 are higher primarily due to posting of fringes to the county books. Fringes were not posted for the period thru April for 2013 and 2014. Expenditures are within budget. Revenues reflect lower likely due to the receipt of COLA earlier last year rather than at this time of year (the state distributed COLA awards earlier than prior years). The program is 100% grant funded.

# Health Dept - Division For Community Health (4016)

## Cumulative Expenditures thru May 2015



## Cumulative Revenues thru May 2015



**Data Lapse:**  
30 days

### Appropriations

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

### Revenues

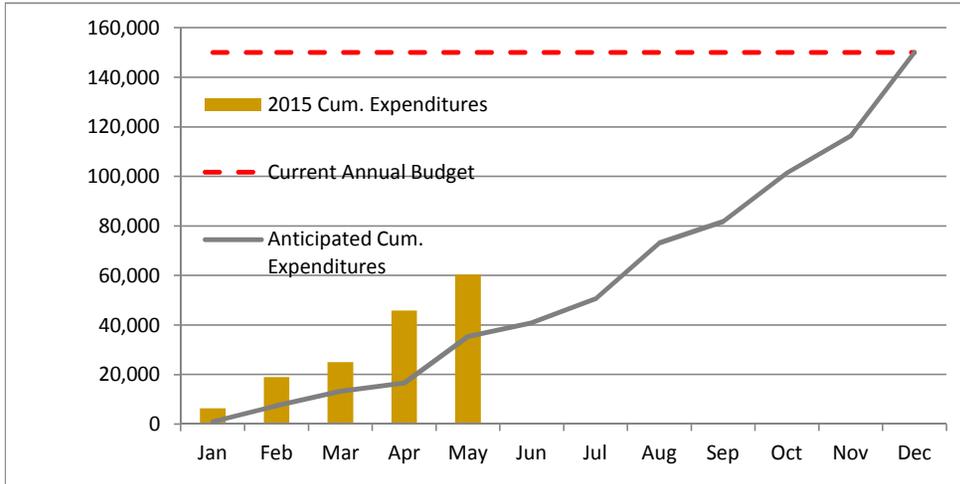
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

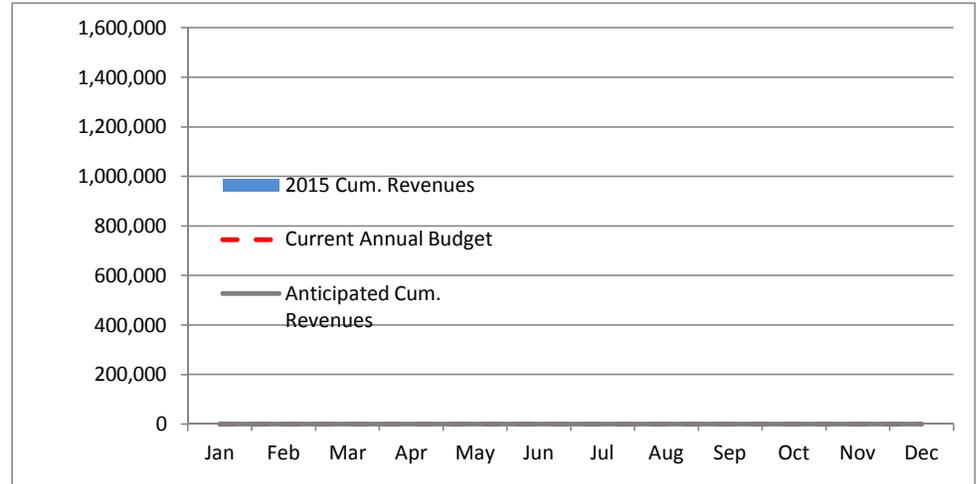
**Notes:** Expenditures reflected for 2015 are higher primarily due to posting of fringes to the county books. Fringes were not posted for the period thru May for 2013 and 2014. The average of the prior two years includes when the department billed Medicaid directly for MOMS services (this is contracted out to VNS late 2014 and 2015). Other increased revenues in the two year average include a grant payment and flu billing that was processed late. Revenues in 2014 and 2015 are lower due to timely processing of flu billing and LHCSA billing now processed through VNS. Orientation and training of the new billing supervisor continues.

# Health Dept - Medical Examiner Program (4017)

## Cumulative Expenditures thru May 2015



## Cumulative Revenues thru May 2015

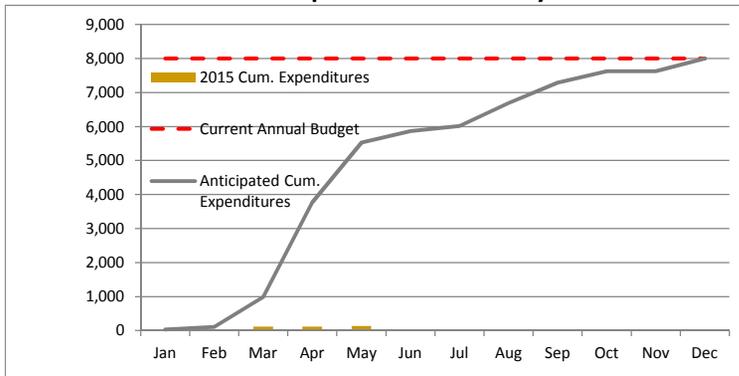


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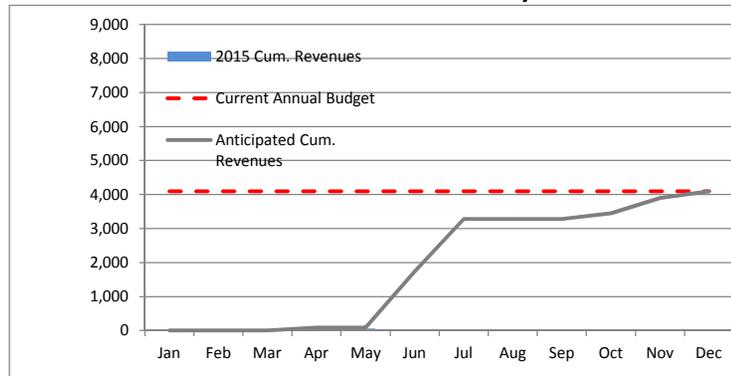
**Notes: The number of cases with expenses responded to thru May 2015 (23) are higher than the prior two years (10 -11). Expenses are often delayed pending final autopsy report. T**

# Health Dept - Phys.Handic.Chil.Treatment (4048)

Cumulative Expenditures thru May 2015



Cumulative Revenues thru May 2015



Data Lapse:  
30 days

**Appropriations**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

**Revenues**

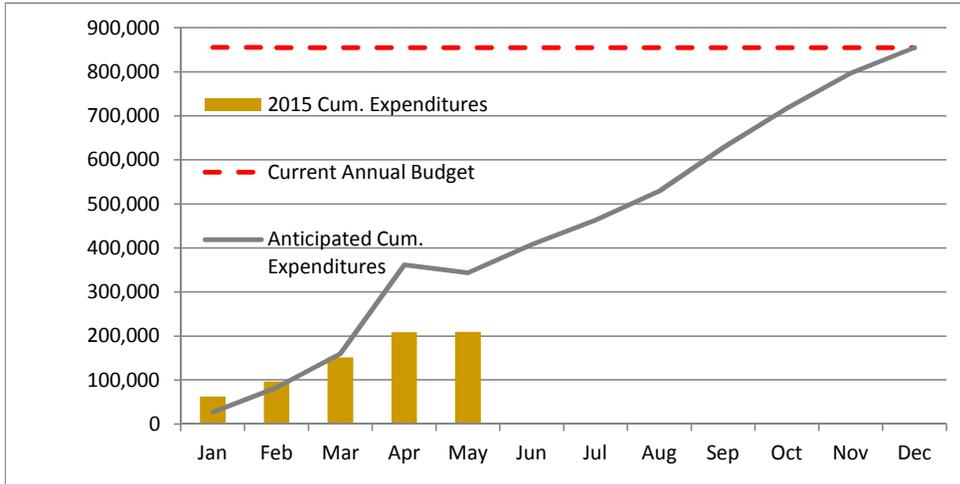
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

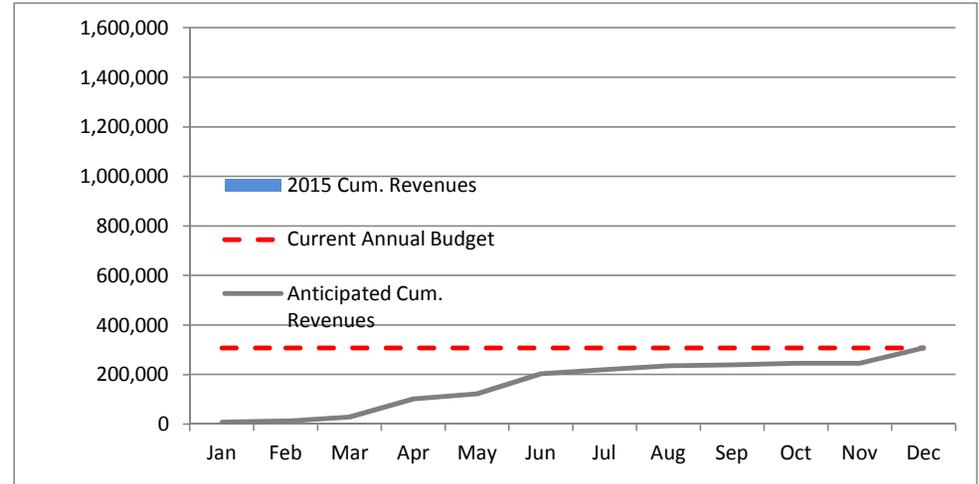
**Notes: Claims for this program are done quarterly. Services rendered are based on needs from eligible families.**

# Health Dept - Early Intervention (0-3) (4054)

## Cumulative Expenditures thru May 2015



## Cumulative Revenues thru May 2015

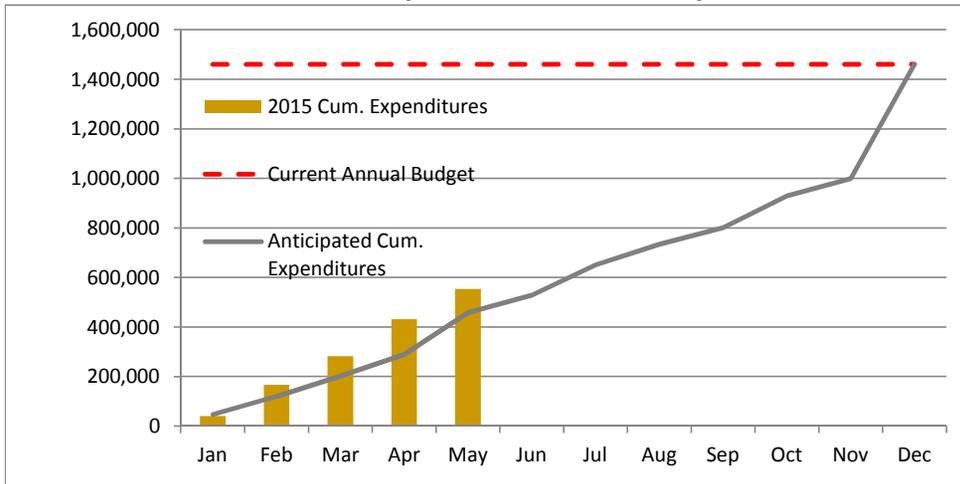


The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

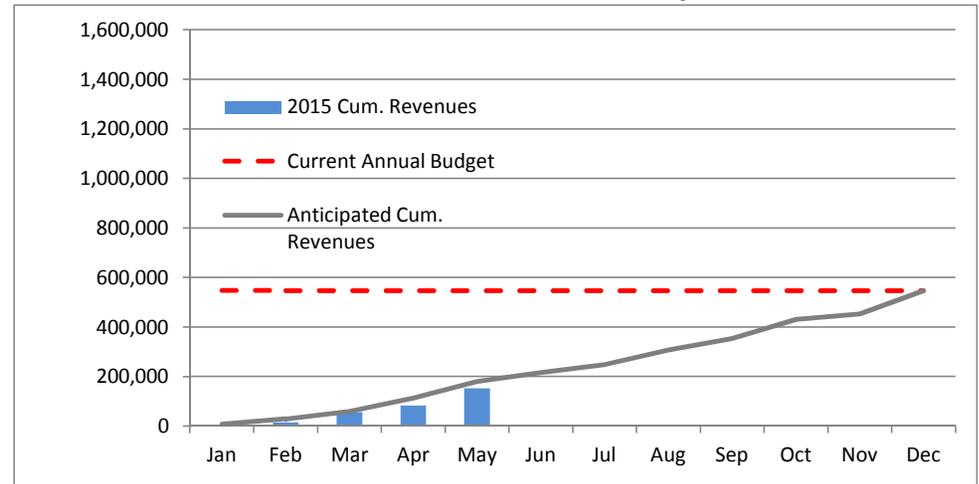
**Notes: Early Intervention expenditures and revenues are now budgeted more in line with how the program is operating with the state as the fiscal agent. The average of the prior two years continues to be a blend of when the county managed the contracts, billing and invoices and the state takeover.**

# Health Dept - Environmental Health (4090)

## Cumulative Expenditures thru May 2015



## Cumulative Revenues thru May 2015



The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

**Notes:** Expenditures reflected for 2015 are higher primarily due to posting of fringes to the county books. Fringes were not posted for the period thru May for 2013 and 2014. Revenues reflect lower likely due to the receipt of COLA earlier last year rather than at this time of year (the state distributed COLA awards earlier than prior years). In addition, COLA and grant funds for the Healthy Neighborhood Program were included in the 4090 budget in 2013, in 2014 the County established a separate account (4018).

**Medical Director's Report  
Board of Health  
June 2015**

**United States Public Health Service Recommendations Regarding  
Fluoridation of Water Supplies**

In April the United States Public Health Service announced modification of the level to which community water supplies are to be fluoridated.

Fluoridation celebrates its 70<sup>th</sup> anniversary this year and is listed by the Centers for Disease Control and Prevention as one of the ten top public health achievements of the 20<sup>th</sup> century.

The change in the recommendation for fluoridation has come about due to recognition of the increased routes by which our population ingests fluoride in the 21<sup>st</sup> century. The original recommendations were created in 1962 when things were quite different.

Current sources of fluoride which have progressively become available include the following; toothpaste, mouth rinses, beverages and foods created from fluoridated water. Toothpaste containing fluoride was first marketed in 1955. In 1983 more than 90% of children and adolescents, and 70% of children 2-4 years of age used fluoride toothpaste. By 1986 the number of 2-4 year old children had risen to 90% and by the 1990's fluoridated toothpaste constituted 90% of the toothpaste market. Toothpaste that has been swallowed inadvertently is estimated to account for about 20% of total fluoride intake in very young children (1-3 years of age).

Due to this shift in fluoride intake, water fluoridation levels are recommended to be decreased in order to prevent fluorosis of teeth (a mottled coloration of the tooth due to fluoride exposure). Fluorosis was first observed in the West where water naturally has fluoride in it at high levels. Teeth in the west often had whiter color and sometimes in a mottled pattern. These persons frequently had fewer or no cavities. Recognition of this led to the investigation of fluoride supplementation as a strategy for dental health.

When fluoridation of water first began in 1945 local foods and beverages prepared with **locally** fluoridated water were the major sources of fluoride for most children. Since that time the situation has progressively changed.

The new recommendation will lower the fluoride concentration in drinking water to 0.7 milligrams per liter. For many years nearly all of the fluoridated systems used a fluoride target ranging from 0.8 to 1.2 milligrams per liter. Thus, under the new recommendations, fluoride concentrations in water would be reduced by about 0.12 to 0.5 milligrams per liter.

Historically the percentage of US population receiving fluoridated water has been 44% in 1969 or about 88.5 million people. In 1985 it was 55% or 130 million people approximately. In 2000 77% or 162 million people. With the expansion of the US population the 2% percentage increase from 1985-2000 actually represented an increase of more than 30 million people.

Surveys looking at the prevalence and severity of dental fluorosis prompted the new recommendation. Two national surveys which differed somewhat in sampling and population representation supported a hypothesis that there was an increase in mild to moderate dental fluorosis during the time between the two surveys. The surveys were done in 1986 and in 1999. In 1986 the prevalence of fluorosis was 23% rising to 41% in 1999.

The process to arrive at this recommendation from the United States Public Health Service included reviewing the evidence regarding the effectiveness on fluoridation in regard to preventing caries. In addition, a review was also conducted looking at naturally occurring fluoride in water at levels of 2-4 milligrams per liter in drinking water and health impacts in general. The review found no evidence substantial enough to support any effects other than severe dental fluorosis occurring at those levels.

In arriving at the recommendations a public comment period was conducted and the comments were analyzed by the Public Health Service. 18,500 letters were termed “standard” letters (that is to say the letters were of a very similar or same form originating from an organization opposing community water fluoridation and often originated from a website of that organization). There were unique responses separate from those “standard” letters. Of those, about 700 said the level was too high and, of those, about 500 asked for all fluoride to be removed. Nearly all listed adverse effects as concerns. In response the PHS reviewed all the scientific data cited to support actions and considered relevant data to this period. The panel “did not identify compelling new information to its assessment that the recommended fluoride concentration (0.7 milligrams per liter) provides the best balance of benefit to potential harm”.

Some letters expressed concern over bone fractures in fluoride exposure. The PHS review stated, “the EPA report concluded that exposure to concentrated fluoride in drinking water of greater than or equal to 4 milligrams per liter appears to be positively associated with the increased relative risk of bone fractures in susceptible populations when compared to the population consuming fluoride concentrations of 1 milligram per liter.” Recently a large cohort study of older adults in Sweden reported no association between long term exposure to drinking water with fluoride concentrations up to 2.7 milligrams per liter in relation to hip fracture.

Some letters (about 100) mentioned concerns about fluoride as a carcinogen, especially with regard to bone cancer. The studies by the PHS led it to conclude “no significant association between fluoride levels and osteosarcoma risk” is found. This was consistent with a California study performed in 2011 by the Office of Environmental Health Hazard Assessment, California Environmental Protection Agency, which determined that fluoride and its salts have not clearly been shown to cause cancer.

The standard letters received by the PHS had approximately 100 unique responses concerning themselves with IQ effects in children. Several Chinese studies were reviewed by the PHS which had reported lower IQ among children exposed to fluoride in drinking water between 2.5 and 4.1 milligrams per liter. The review found that “the significance of the Chinese study was uncertain” because important procedural details were omitted. It also stated that findings warranted additional research on the effects of fluoride on intelligence. The PHS noted these studies did not address the lower exposures commonly experience by most US citizens. The other reviews noted “that a biological possibility linked between fluoridated water and IQ has not been established” and also noted that a New Zealand perspective study of a birth cohort did not support an association. The New Zealand study began during very early infancy childhood and measured IQ through childhood and up to age 38.

Going forward, the implications of the implementation of the new recommendation will be monitored. Standard surveys such as NHANES in 2011-2012 included clinical examination of children adolescents by dentists and in 2013-2014 fluoride content of home water residence history and questions on the ingestion of other fluoride products were included. These data will help to assess changes over time. The PHS therefore concluded, upon review of all the scientific data to date, that reducing the fluoride in water supplies from the current recommendation to 0.7 milligrams per liter should be done. They also concluded that community water fluorination remains an effective public health strategy and that, in addition to drinking water, other sources of fluoride exposure contribute to prevention of dental caries and an increase in dental fluorosis. And that the preventative benefits on caries can be achieved and the risk of fluorosis reduced by going to the new level.

**Comment:** There are no community water supplies in Tompkins County which are fluoridated. The last time the Board of Health entertained any information about fluoride was in the late 1990’s, I believe. At that time the Board of Health dealt with the question of whether or not to recommend fluoridation of community water supplies.

I would submit that the decision of whether or not to fluoridate community water supplies is a political issue and not a medical one. The scientific data, I think, is quite clear about the status of fluoride when it is ingested whether by fluoridated water or by other means.

The fluoridation of community water supplies is an effective public health measure in that it provides fluoride to all members of a community who choose to use community water. To my knowledge the BOH has never issued a statement regarding fluoride per se and, in doing so, distinguished it from the issue of whether to use community water fluoridation.

Footnote: The source of the above data and information is: Public Health Reports / July–August 2015 / Volume 130. Available at: <http://www.cdc.gov/fluoridation/index.htm> or at [http://www.publichealthreports.org/documents/PHS\\_2015\\_Fluoride\\_Guidelines.pdf](http://www.publichealthreports.org/documents/PHS_2015_Fluoride_Guidelines.pdf) last accessed on May 12, 2015.

## **Fall Prevention and Healthy Neighborhoods Program**

Samantha Hillson, Skip Parr and I were putting our heads together about ways to reach out to area practitioners and partners in the community with regard to the program that Environmental Health is providing. It occurred to us that using my connections with the Medical Center and also through the mode of faxing to area practices as well as using the Finger Lakes Office Management Associates that we might be able to provide some materials to area practices that could be of help to their patients. Specifically the Healthy Neighborhoods Program provides free of charge to target audiences such devices as smoke alarms, carbon monoxide detectors, fire extinguishers, radon testers, lead paint testing and baby safety items. They also have materials of use in preventing falls.

There is a decided synergy here as all of the medical community is interested in preventing falls and promoting home safety. To that extent we are exploring whether there are methods by which we might partner in the community to promote these services. Fall prevention month is in September and I have drafted a piece for the Department to consider using in the media and on our website.

## **Public Health Preparedness**

Met with Karen Bishop, RN and Nina Saeli to continue progress on closed and open point of dispensing (POD) planning. Our efforts specifically target the delivery of medications and the after event reporting that would be required.

## Health Promotion Program

Theresa Lyczko, Director

### Tobacco Control Program – Ted Schiele, Planner/Evaluator

- Finalized campaign materials and schedules for the “Ask your landlord” Smoke-Free Housing campaign, which launched May 11. Finalized development of a mailer that will go out to all landlords in 3 counties funded by the Tobacco Control grant: Chenango, Cortland and Tompkins.
- Corresponded with County Assessment office to get postal addresses of landlords for the smoke free housing campaign.
- Attended meeting of the City of Ithaca Rental Housing Advisory Commission to brief members on the media campaign. Six members were present and were supportive of the campaign message, May 20.
- Active with the state wide Media workgroup. Most recent call was May 28 during which the scoring criteria for submitted proposals from advertising agencies was reviewed and revised. The RFP is for a four-year contract with the state for Advancing Tobacco-Free Communities.
- Attended “Moodle” training May 13 and Advancing Tobacco Free Communities program meeting May 14 in Albany. Moodle is the new online training protocol that the Bureau of Tobacco Control (BTC) is using in lieu of face-to-face trainings. The BTC is collaborating with the SUNY Albany School of Public Health for the training throughout the grant period.
- Statewide Reality Check conference call, May 7.

### TCHD Participation and Support

- Spoke to Newfield student classes during their visit to TCHD, May 15. Ted Schiele
- Participated in Staff Satisfaction committee meeting, May 21. Susan Dunlop, Community Health Nurse
- Orientation and introduction to Health Promotion Program for 2 new TCHD staff, May 4 and IC student intern, May 28. Theresa Lyczko
- Attended TCHD management meeting, May 12. Theresa Lyczko
- Media: Lyme disease prevention press release, May 22 timed for Memorial Day holiday weekend. Resulted in interview on WHCU, full release in *Tompkins Weekly* and excerpt in *Ithaca Times*, Theresa Lyczko
- Participated with Human Services Coalition staff in interviewing a candidate for the Population Health Improvement Program (PHIP) grant position – (A Community Health Assessment (CHA) activity), May 1. Theresa Lyczko

### Web site postings

- Home page updates, tick video, WIC income eligibility table, BOH packet, ServSafe course dates, Lyme press release, design updates & refinements.
- Peace of Mind (POM) updates to TCHD and [www.tc-std.org](http://www.tc-std.org) sites

### Community Outreach

- Creating Healthy Places (CHP) CFCU Wellness Committee, May 5. Ted Schiele

- CHP – Attended CNY regional meeting of all CHP contractors in Syracuse, May 6. Ted Schiele
- CHP – Joint Planning Committee of the Municipal Health Insurance Consortium, May 7. Ted Schiele
- CHP – Owing Your Own Health (OYOH) Committee of the consortium with associated preparation and follow-up, May 20. Ted Schiele
- CHP – TCHD Wellness Committee – Preparation for TCHD Wellness included drafting Healthy Bingo activity board, healthy meeting policy, CSA survey, May 21. Ted Schiele. Susan Dunlop attended.
- CHP - TC Worksite Wellness Coalition meeting with associated preparation and follow-up, Ted Schiele. The newly formed coalition consists of worksites that received funding and technical assistance through CHP and a few major employers that have wellness programs or an interest in them, May 11. Theresa Lyczko and Susan Dunlop attended.
- CHP – Statewide worksite contractors conference call, May 28. Ted Schiele
- CHP – Friends of Stewart Park board meeting and as secretary recorded and submitted minutes, May 4. Executive committee meeting, May 14. Theresa Lyczko
- Diabetes Prevention Program (DPP) at Cornell. Five Cornell staff participated on May 13, 20, 20, and 27. Susan Dunlop
- DPP monthly session at Dryden Family Medicine, nine participants, May 21. Theresa Lyczko
- Learning Collaborative webinar focusing on DPP – NYSDOH initiative to assist local health departments with Prevention Agenda objectives and strategies, May 5. Theresa Lyczko and Susan Dunlop
- Participated in a phone interview with facilitator from the Learning Collaborative contractor in preparation for a half day retreat with community partners who are also delivering the DPP, May 29. Theresa Lyczko and Susan Dunlop

### **Meetings and Trainings**

- Community Coalition for Healthy Youth board meeting, May 11. Ted Schiele
- Defensive Driving, May 19. Ted Schiele, Theresa Lyczko
- Health Planning Council board meeting, May 11 and Community Health and Access committee, May 20. Theresa Lyczko
- “Cases in Type 2 Diabetes” – the American Diabetes Association of Clinical Endocrinologists – 1.0 CEU, May 18. Susan Dunlop
- Attended day long Geriatric Health for Rural Health Practitioners conference. Topics included DSRIP and other initiatives, advance care planning and quality improvement initiatives. Presented by the Health Foundation of Western and Central New York, May 2. Susan Dunlop

**Division for Community Health**  
**June 23, 2015 Board of Health Meeting**

**Karen Bishop, Director of Community Health**  
**June 2015 Report**

**Agenda – none**

**Administration –**

- Core Solutions Software Implementation
  - Sigrid Connors, Director of Patient Services/Core Solution Project Lead met weekly with TCHD/Information Technology Services/Core Solutions Software Team to continue system configuration in preparation for new software implementation. Focused on billing and user role configuration templates as well as forms development. Core Solutions Software Team on site at TCHD on June 17 & 18 for training and forms development.
  - Project Assistant Deidre DeMatteo created PDF files of ~ 600 Tuberculosis (TB) client records (both active TB and latent TB infection) from 1990 forward.
- Oriented new WIC Director Cathy Sinnott.
- Met weekly with Melissa Gatch, Supervising Community Health Nurse and Lori Sibley, Senior Community Health Nurse to assist with their respective transitions to new roles.
- Met with Nina Saeli and Dr. Klepack on June 10 to further review our emergency medication dispensing protocols, screening questions and algorithms.
- Facilitated the Peace of Mind Partnership meeting on June 4 and development of STD outreach materials for community wide distribution.
- Mentored Ithaca College student interning at the health department until July 31. She will assist with Peace of Mind Partnership activities.
- Mentored Karen LaCelle, Community Health Nurse on Immunization Action Plan (IAP) grant work plan including how to conduct an AFIX (Assessment, Feedback, Incentive, Exchange) visit. Karen accompanied me on 6 AFIX visits to provider practices to review their immunization coverage rates for 19-35 month olds and 13 year olds. Karen will conduct future AFIX visits.
- Met with Brenda Crosby to learn about budget and budget process.
- Facilitated the Community Health Quality Assurance Committee meeting on June 16. Unanimously agreed to change the committee name to Community Health Quality **Improvement** Committee.
- Division statistical reports – see attached reports. \*Note change in Program Statistical Highlights under the Maternal Child – MOMS Services. Cumulative Unduplicated Client Count has been changed to “Client Caseload” which better describes the number of clients served.

**Medical Record Review** – Barbara Falk, Medical Record Review Specialist conducted on site review of 30 Diagnostic & Treatment Center client records including Immunization, Rabies post-exposure vaccination, Lead Poisoning Prevention Program, MOMS and TB. Barbara will provide a written report of her findings including items to consider in implementation of the new electronic patient record with Core Solutions.

**WIC Program** – Cathy Sinnott, WIC Director started on May 26. Cathy served as WIC Director in Broome County for the previous 16 months and successfully stepped right into her position here with a lot of working

program knowledge. We have not been notified yet regarding the submission of the Request for Application (RFA) grant application for TCHD to serve as the WIC sponsor during the October 1, 2015 to September 30, 2020 grant cycle. Grant awards are to be announced by the end of June.

**June 2015 BOH Report  
Community Health Services**

**By Melissa Gatch, Supervising Community Health Nurse**

**CHS Staffing-** We have two vacant positions in the CHS program; a Community Health Nurse (CHN) and a Senior Community Health Nurse (SCHN) position. We have received approval to fill the CHN position and hope to begin interviewing in the next few weeks.

**MOMS highlighted case** – 22 year old female, father of baby not involved, living in shelter, second pregnancy, lost custody of first child due to charges of abuse. Initially client considered adoption but then decided to keep baby. CHN made referral to Department of Social Services Prevention program where a caseworker was assigned to work with client. Client involved with Child Protective Services, Probation, Mental Health and Ithaca Pregnancy Center with hopes of receiving joint custody of this child with her sister. Client delivered healthy baby via c-section due to fetal distress at the end of May. Client was supervised while with the baby at all times during hospital stay and client's sister was given custody at discharge due to client's history of child abuse. Initial postpartum visit made by CHN for support and education. Client has supervised visitation 3x/wk at DSS, she is pumping breastmilk and plans to be as involved in physicians appointments and WIC visits as she is able. One additional postpartum visit is planned by CHN.

**Continuing Education-** Staff attended several trainings and conferences during May including:

- Registered Nurse Barbara Butcher attended Lactation Counselor Training May 11th-15th in Rochester New York;
- Community Health Nurse Gail Birnbaum attended the Upstate Lead conference on May 15th in Rochester New York ;
- Registered Nurse Barbara Butcher, Community Health Nurse Nanette Scogin and Supervising Community Health Nurse Melissa Gatch attended the Finger Lakes Regional Annual Immunization Conference on May 20<sup>th</sup> in Waterloo New York;
- Administrative Coordinator Suzi Munoz attended a Medicaid billing training on May 18th in Utica New York; and
- Several staff attended Defensive Driving training.

**Communicable Disease (CD)** – See attached statistical report.

**Influenza:** On May 14<sup>th</sup>, the New York State Department of Health Commissioner Howard A. Zucker, M.D., J.D., declared that influenza is no longer prevalent in New York State for the 2014-15 influenza season. Wearing of the surgical mask is no longer required. Influenza activity has been categorized as *sporadic*. There have been no further reports of influenza-associated pediatric deaths in NYS (6 deaths to date have been reported).

**Babesiosis:** 58 year old Tompkins County resident presented to provider in California with myalgia, arthralgia, positive PCR blood test and a history of multiple tick attachments. Interstate reciprocal notification of disease was received from the public health department in California for follow-up. Dates of travel could not be confirmed with case as she was out of the country at the time staff attempted to interview. From the information we received from the California provider the case most likely was infected while in California.

**Health Advisory from the NYSDOH:** During May, two advisories were sent out as a blast fax to local providers regarding:

- **Bird infections with highly-pathogenic *avian influenza A (H5N2, H5N8, H5N1) viruses*.** Included were recommendations for patient investigation and testing, infection control, the use of personal protective equipment (PPE) and antiviral treatment and prophylaxis.
- **Testing and reporting of *mosquito and tick-borne illnesses*.** Included were procedures to test and report suspected cases of mosquito and tick-borne illnesses, specimen collection and referral for testing; additional resources on mosquito and tick-borne diseases.

**Lyme Disease:** Registered Nurse Barbara Butcher created an algorithm for “sentinel” NYS counties to follow in response to selected lab reports and was credited by NYSDOH for it. Kudos, Barbara!

**Tuberculosis (TB):** Active TB Disease

Current case: Pulmonary TB – 25 year old male, foreign born, has transferred to California as of 5/23 for a 3-month internship. He is being followed by the health department in Santa Clara County for his treatment and Directly Observed Therapy (DOT). He will return to NYS later in August to resume school.

Plan: TCHD will resume Directly Observed Therapy (DOT) for the balance of his 6-month treatment.

**Latent TB Infection (LTBI):** There were 6 Tuberculin Screening Tests (TST) placed during the month of May; there were no positive results.

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 01JUN15  
 Through May  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
BABESIOSIS**	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	7	16.2	10	23.2	7	16.2	9	20.8	9	20.8
CRYPTOSPORIDIOSIS**	1	2.3	6	13.9	4	9.3	3	6.9	4	9.3
EHEC, SEROGROUP NON-O157	4	9.3	1	2.3	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
GIARDIASIS	4	9.3	4	9.3	2	4.6	9	20.8	5	11.6
HAEMOPHILUS INFLUENZAE, NOT TYPE B	2	4.6	0	0.0	0	0.0	1	2.3	0	0.0
HEPATITIS A	0	0.0	1	2.3	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC	2	4.6	1	2.3	1	2.3	3	6.9	2	4.6
HEPATITIS C,ACUTE	1	2.3	3	6.9	0	0.0	3	6.9	2	4.6
HEPATITIS C,CHRONIC	38	88.0	44	101.9	27	62.5	32	74.1	34	78.8
HERPES INF, INFANT =< 60 DAYS	0	0.0	0	0.0	0	0.0	3	6.9	1	2.3
INFLUENZA A, LAB CONFIRMED	288	667.1	169	391.4	87	201.5	49	113.5	102	236.3
INFLUENZA B, LAB CONFIRMED	65	150.6	27	62.5	64	148.2	6	13.9	32	74.1
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
LEGIONELLOSIS	0	0.0	1	2.3	0	0.0	1	2.3	1	2.3
LISTERIOSIS	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
LYME DISEASE** ****	3	6.9	5	11.6	7	16.2	8	18.5	7	16.2

MALARIA	1	2.3	0	0.0	1	2.3	0	0.0	0	0.0
MENINGITIS, ASEPTIC	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
PERTUSSIS**	1	2.3	1	2.3	3	6.9	54	125.1	19	44.0
SALMONELLOSIS	7	16.2	4	9.3	6	13.9	3	6.9	4	9.3
SHIGELLOSIS	0	0.0	1	2.3	1	2.3	0	0.0	1	2.3
STREP, GROUP A INVASIVE	2	4.6	2	4.6	0	0.0	4	9.3	2	4.6
STREP, GROUP B INVASIVE	4	9.3	6	13.9	1	2.3	2	4.6	3	6.9
STREP, GROUP B INV, EARLY/LATE ONSET	0	0.0	1	2.3	1	2.3	1	2.3	1	2.3
STREP PNEUMONIAE, INVASIVE	2	4.6	3	6.9	5	11.6	0	0.0	3	6.9
TUBERCULOSIS***	1	2.3	2	4.6	1	2.3	2	4.6	2	4.6
VIBRIO - NON 01 CHOLERA	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS	0	0.0	1	2.3	1	2.3	0	0.0	1	2.3
SYPHILIS TOTAL.....	2	4.6	3	6.9	1	2.3	0	0.0	1	2.3
- LATE LATENT	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
- P&S SYPHILIS	2	4.6	3	6.9	0	0.0	0	0.0	1	2.3
GONORRHEA TOTAL.....	31	71.8	11	25.5	14	32.4	12	27.8	12	27.8
- GONORRHEA	31	71.8	11	25.5	14	32.4	11	25.5	12	27.8
- GONORRHEA, DISSEMINATED	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
CHLAMYDIA	144	333.5	116	268.7	109	252.5	126	291.8	117	271.0

\*Based on month case created, or December for cases created in Jan/Feb of following year

\*\*Confirmed and Probable cases counted; Campylobacter confirmed and suspect

\*\*\*Not official number

\*\*\*\* From 2012-2015, 18 counties investigated a sample of positive laboratory results.

Division for Community Health  
**PROGRAM Statistical Highlights for Board of Health - 2015** REVISED

Community Health Services Maternal Child - MOMS Services	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2015	Total 2014	Total 2013
Client Caseload	186	219	245	274	296								296	519	513
# of Client Admissions	33	26	29	22	23								133	321	354
# of Client Discharges	32	33	39	28	28								160	357	351
Maternal & Infant Clinic Visit	34	21	26	27	31								139	355	382
Maternal & Infant Home Visit	73	63	74	73	66								349	758	980
Total Home & Clinic Visits	107	84	100	100	97								488		
<b>On Call Visits</b>															
Maternal & Infant On Call Visits	0	0	0	0	0								0	0	5
Rabies On Call Vaccinations	2	0	0	0	4								6	37	30
TB DOT On Call Visits	0	0	0	4	0								4	11	3
<b>Total # On-Call Visits</b>	2	0	0	4	4								10	48	38
<b>Total # Home, Clinic, On-Call Visits</b>	<b>109</b>	<b>84</b>	<b>100</b>	<b>104</b>	<b>101</b>								<b>498</b>	<b>1161</b>	<b>1400</b>
<b>Childbirth Education</b>															
# of Childbirth Education Classes	1	2	1	0	4								8	16	15
# of Childbirth Education Moms*	10	5	4	0	6								25	54	49

Community Health Services Public Telephone Contact Log	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total 2015	Total 2014	Total 2013
Communicable Disease (including STD, HIV, Rabies and TB)	59	132	135	112	306								744	593	1934
Immunization Appointments	45	78	90	89	113								415	381	1853
Maternal Child/Family/MOMS	251	437	302	218	142								1350	1729	3520
Miscellaneous	25	56	56	67	54								258	249	543
<b>Total</b>	<b>380</b>	<b>703</b>	<b>583</b>	<b>486</b>	<b>615</b>	<b>0</b>	<b>2767</b>	<b>2952</b>	<b>7850</b>						

\* CBE = total is duplicated count  
 DOT = Direct Observe Therapy Visits  
 MOMS = Medicaid Obstetrical and Maternal Services  
 UA = Unavailable at this time

All current statistics are considered preliminary as data is continually collected and updated.

Division for Community Health  
**CLINIC Statistical Highlights for Board of Health - 2015**

<b>Community Health Services</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>YTD 2015</b>	<b>Total 2014</b>	<b>Total 2013</b>
<b>Immunization Clinics</b>															
# of Immunization Clients	27	13	18	25	20								103	319	272
# of Immunizations Administered	43	24	24	45	33								169	534	434
Children 0 - 19 yrs.	34	14	15	34	17								114	423	321
Adults 20 yrs. & over	8	10	9	11	16								54	111	113
# of Influenza Immunizations	7	4	1	2	0								14	917	971
<b>Rabies Vaccination Program</b>															
Post-Exposure Clients	5	8	4	2	7								26	106	91
Post-Exposure Clinic Vaccinations	8	9	4	2	13								36	267	210
<b>Tuberculosis Program</b>															
Cumulative TB clients	3	3	3	4	4								4	4	3
Active TB Admissions	0	0	0	1	0								1	4	1
Active TB Discharges	1	0	2	0	0								3	2	3
TB Direct Observe Therapy Home Visits	75	54	56	29	15								229	269	251
# of Tuberculosis Screening Tests*	6	10	9	6	17								48	421	532
<b>Anonymous HIV Counseling &amp; Testing Clinics</b>															
# of HIV Clinics - including Walk-Ins	10	10	10	7	9								46	99	71
# of Clients Counseled & Tested	7	11	14	6	9								47	96	84
HIV Positive Eliza & Western Bloc	0	0	0	0	0								0	0	0
<b>WIC</b>															
Newly Enrolled**	66	51	64	49									230	430	UA
Total Participants Served	560	504	547	516									2127	4889	UA
Participants w/Active Cks - Total=Avrg**	1331	1333	1373	1331									1342	1386	1507
Total Enrolled - Total=Average**	1557	1547	1585	1561									1563	1689	1797
No-Show Rate (%) - Total=Average	14.5%	13.8%	13.4%	14.7%									14.1%	18.3%	15.3%
% Active Participation - Total=Average	66.6%	66.7%	68.7%	66.6%									67.2%	69.3%	75.6%
% Caseload Target (FY15=2000)Total=Avrg	77.9%	77.4%	79.3%	78.1%									78.2%	84.4%	UA

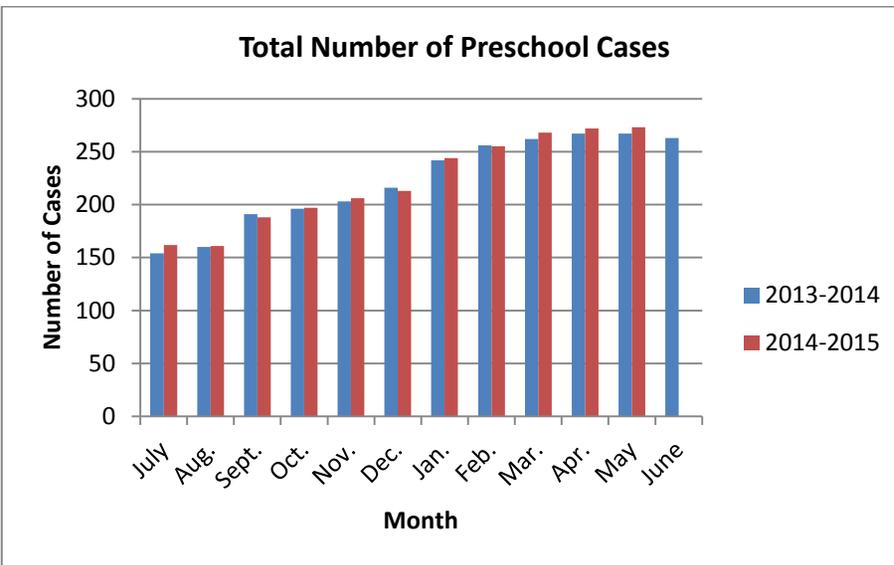
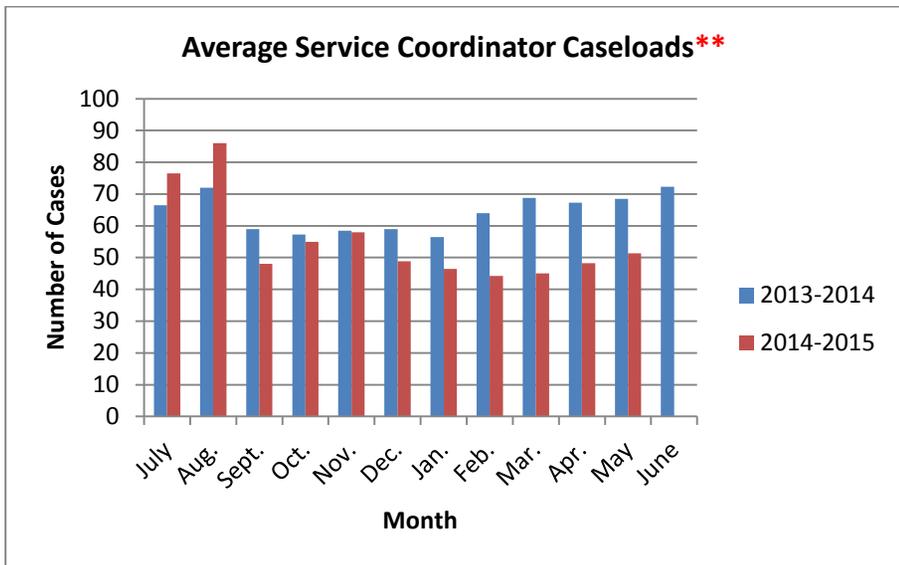
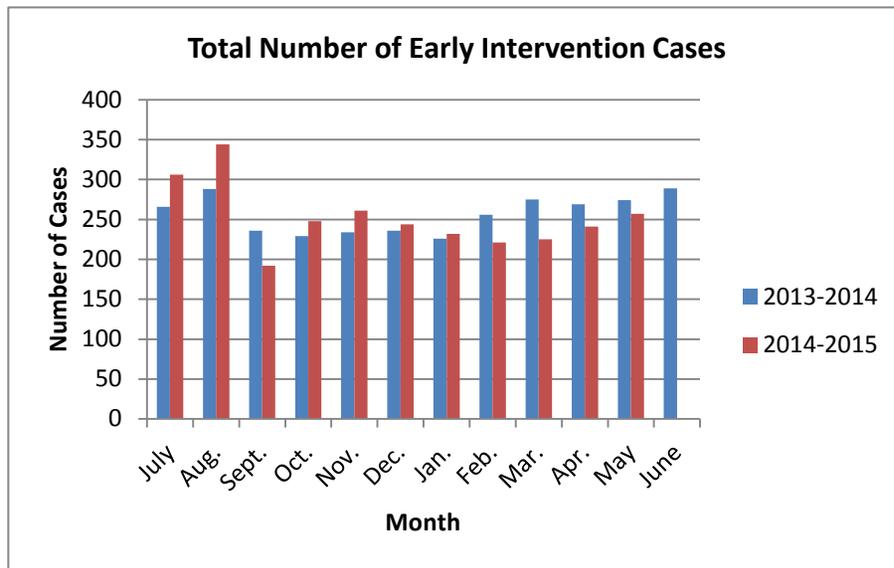
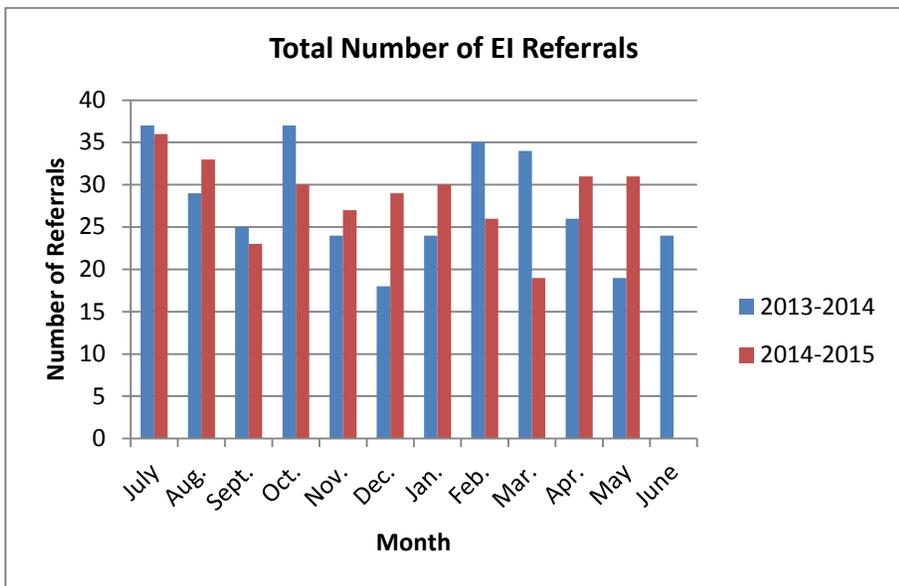
UA = Unavailable at this Time

\*TST's - formerly described as PPD's (Purified Protein Derivative)

\*\*New in March 2014, Information taken from the WICIS CM015T Final Report; YTD represents the average number

All current statistics are considered primary as data is continually collected and updated

### Statistics Based on Program School Year



**\*\*Beginning December 2014, the number of full-time Service Coordinators increased from 4 to 5.**

**Children with Special Care Needs Division**

**Statistical Highlights 2015**

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
<b>Early Intervention Program</b>														
<b>Number of Program Referrals</b>	30	26	19	31	31	0	0	0	0	0	0	0	137	340
<b>Initial Concern/reason for referral:</b>														
-- DSS Founded Case				3	5								8	4
-- Gestational Age					1								1	9
-- Gestational Age & Hearing													0	1
-- Global Delays				1									1	9
-- Hearing													0	1
-- Physical														
-- Feeding	1	2	1	1	2								7	14
-- Gross Motor	7	2	4	5	4								22	73
-- Gross Motor & Feeding													0	1
-- Gross Motor & Fine Motor					1								1	2
-- Gross Motor & Social Emotional													0	1
-- Fine Motor													0	2
-- Social Emotional	4	2		2									8	10
-- Social Emotional & Adaptive													0	1
-- Speech	15	16	7	13	13								64	138
-- Speech & Adaptive													0	1
-- Speech & Cognitive				1									1	1
-- Speech & Feeding					1								1	8
-- Speech & Fine Motor			2										2	3
-- Speech & Hearing													0	1
-- Speech & Gross Motor	1	1	3	2	1								8	19
-- Speech & Sensory				2										
-- Speech & Social Emotional	1	1	1	1	2								6	15
-- Adaptive													0	0
-- Adaptive/Feeding													0	2
-- Adaptive/Sensory	1												1	1
-- Vision													0	1
-- Qualifying Congenital / Medical Diagnosis		1	1		1								3	3
-- Child Find (At Risk)		1											1	14
<b>Total # of clients qualified and receiving svcs</b>	189	193	195	210	228									
<b>Total # of clients pending intake/qualification</b>	43	28	30	31	29									
<b>Total # qualified and pending</b>	232	221	225	241	257	0	0	0	0	0	0	0		
<b>Average # of Cases per Service Coordinator</b>	46.4	44.2	45	48.2	51.4	0	0	0	0	0	0	0		
<b># of Family/Client visits</b>														
-- Intake visits	28	15	22	27	25								117	285
-- IFSP Meetings	49	44	54	36	56								239	545
-- Amendments	20	12	15	12	19								78	170
-- Core Evaluations	34	29	25	22	13								123	248
-- Supplemental Evaluations	0	5	10	5	6								26	50
-- DSS Visit	2	0	3	4	1								10	2
-- EIOD visits	5	8	8	10	9								40	27
-- Observation Visits	4	14	23	21	18								80	299
-- CPSE meetings	1	3	8	2	7								21	91
-- Program Visit	0	0	3	2	1								6	9
-- Family Training/Team Meetings	0	1	3	0	0								4	9
-- Transition meetings	15	16	9	5	5								50	122









ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

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## ENVIRONMENTAL HEALTH HIGHLIGHTS

### May 2015

#### Outreach and Division News

**Hydrilla:** During May the Local Task Force finalized a treatment protocol for the Cayuga Inlet and Fall Creek, using the contact herbicide endothall and the longer-acting, low-dose herbicide, fluridone in tandem. Fluridone will also be applied over a small area in the southeast corner of the lake where isolated Hydrilla plants were found in 2013 and 2014. Seven permit applications were submitted to the NYSDEC late in May for a mid-July start to the treatment season. The Environmental Health Division will resume water quality monitoring at multiple sampling points inside and downstream of the treatment areas when treatment is initiated.

**Scott Morgan Duplex:** As noted last month, the Environmental Health Division is the lead agency on a proposed project in the Town of Dryden - the proposed Scott Morgan duplexes include 8 buildings (16 apartments) with private water and sewage. The proposed project is in an Agricultural District and over 2.5 acres would be disturbed (25% of 10 acres). During the SEQR (State Environmental Quality Review) process, EH received comments from several agencies and a number of residents in the area. A neighbor identified a drinking water well in the woods near the property line for the proposed project. Consequently, EH has informed the developer that the proposed project cannot be approved because one of the sewage systems does not meet separation distance requirements. We have also requested additional environmental information if the developer proposes a new project for that site.

**Fingerlakes GrassRoots Festival:** Anne Wildman is working with GrassRoots staff on the mass gathering permit for the event. This year, Cayuga Compost is not accepting biodegradable plastic flatware because it interferes with their composting process. GrassRoots would prefer not to use disposable flatware. Anne is working with GrassRoots and NYSDOH on workable options for dealing with the 10's of thousands of flatware items used daily during the event. The event is scheduled for July 16 to 19.

**Accela:** Thanks to Caitlin Feller, all Onsite Wastewater Treatment System (OWTS) permits in our hard copy office files have now been scanned and uploaded to Accela. Caitlin recently completed adding OWTS permits for realty subdivisions and for systems at all our permitted facilities. In other Accela activity, Greg Potter, Brenda Coyle and Liz Cameron had initial teleconferences with NYSDOH ITS to discuss data transfer from Accela to the NYSDOH Electronic Health Information System (ehips). EH staff use the ehips system daily to track activities at permitted facilities and time in program areas.

**Personnel Changes:** Audrey Balander returned on May 18 in a temporary position to work on Children's Camp permits and inspections this summer. Steven Kern will be returning on June 8 for the summer to do temporary resident, campground and other inspections. As noted in last month's hilites, Sarah Caputi resigned effective May 15.

Congratulations, Beau! Beau West just completed coursework at TC3 to qualify as a Public Health Technician and started working half time as a PH Technician in EH on May 11. Beau will be with EH in the afternoons through mid-October working on temporary food inspections, rabies follow-up, and helping out with inspections in other programs. You've probably seen Beau greeting you in his other job as the Information Aide at TCHD reception.

Caitlin Feller will be covering TCHD reception in the afternoons when Beau is working for EH.

## Training

On May 15, Chris Laverack, Samantha Hillson and Pat Jebbett attended the Upstate NY Lead Poisoning Conference in Rochester. The conference provided excellent information and was an opportunity to network with colleagues.

Liz Cameron participated in the *Emerging Contaminants Workshop* sponsored by the Cornell University School of Civil and Environmental Engineering on the afternoon of May 20. Emerging contaminants in water and wastewater and research in these areas were discussed.

On May 6, Kristee Morgan attended a training session for children's camp directors held at the Human Services Annex Building. The joint session hosted by DSS, Child Development Council, Health Department and County Youth Services provided information to camp directors to prepare for the upcoming camp season.

In May, Janice Koski (5/19) and Adriel Shea (5/18) attended Drivers Safety Training provided by the New York Safety Program in the Rice Room.

## Rabies Control Program

There was one confirmed case of rabies in Tompkins County during May 2015. A rabid bat was caught by a cat. Fortunately, the cat has a current rabies vaccination and only required a booster shot. It is important to keep pets vaccinated for rabies even if they are kept indoors only.

The Tompkins County Health Department held free rabies clinics in Lansing, Danby, Dryden, Enfield, and Ithaca during May, 2015. 347 Dogs, cats, and ferrets were vaccinated against rabies during these clinics.

<b>Key Data Overview</b>				
	<b>This Month</b>	<b>YTD 2015</b>	<b>YTD 2014</b>	<b>TOTAL 2014</b>
<b>Bites<sup>1</sup></b>	14	69	45	167
<b>Non Bites<sup>2</sup></b>	6	7	14	86
<b>Referrals to Other Counties</b>	1	11	12	43
<b>Submissions to the Rabies Lab</b>	21	60	41	190
<b>Human Post-Ex Treatments</b>	7	14	19	103
<b>Unvaccinated Pets 6-Month Quarantined<sup>3</sup></b>	0	2	0	0
<b>Unvaccinated Pets Destroyed<sup>4</sup></b>	0	0	0	0
<b>Rabid Animals (Laboratory Confirmed)</b>	1	4	2	12

<sup>1</sup>"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

<sup>2</sup>"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

<sup>3</sup>When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

<sup>4</sup> Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2015	YTD 2014	Total 2014	By TCHD	By Cornell	Totals		Mo	YTD 2015	YTD 2014	Total 2014
							Mo	YTD				
Cat	5	21	18	58	0	1	1	5	0	0	0	0
Dog	9	47	25	94	0	0	0	3	0	0	0	0
Cattle	0	0	0	0	0	1	1	1	0	0	0	0
Horse/Mule	0	0	1	1	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Domestic	0	1	0	0	0	0	0	1	0	0	0	0
Raccoon	1	1	1	1	0	0	0	4	0	2	1	3
Bats	0	0	0	6	16	3	19	43	1	1	1	5
Skunks	0	0	0	2	0	0	0	0	0	0	0	3
Foxes	0	0	0	0	0	0	0	0	0	0	0	0
Other Wild	0	0	0	5	0	2	0	3	0	1	0	1
<b>Totals</b>	<b>14</b>	<b>69</b>	<b>45</b>	<b>167</b>	<b>16</b>	<b>5</b>	<b>21</b>	<b>60</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>12</b>

**Food Program**

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<http://www.tompkinscountyny.gov/health/eh/food/index>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest. This is a valuable tool for easily providing information to the public.

*Routine facility inspections are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.*

**The following inspections were conducted with no critical violation(s) noted:**

- |                                     |   |
|-------------------------------------|---|
| Blue Moon Catering, C-Ithaca        | Mercato, C-Ithaca                         |
| Café Pacific, C-Ithaca              | Mitsuba, V-Lansing                        |
| The Center Café, C-Ithaca           | Miyake Japanese Restaurant, C-Ithaca      |
| Clubhouse Grille, V-Trumansburg     | New Delhi Diamonds, C-Ithaca              |
| Corks & More, C-Ithaca              | Not My Dad's, V-Trumansburg               |
| Falls Restaurant, V-Trumansburg     | On a Roll Catering (Mobile), C-Ithaca     |
| Four Seasons, C-Ithaca              | PDR Catering, Throughout Tompkins         |
| Friends & Pho, V-Lansing            | Potala Café, C-Ithaca                     |
| Gola Osteria, C-Ithaca              | The Rose, V-Lansing                       |
| Golden City, V-Dryden               | Silent City Uprising, Throughout Tompkins |
| The Good Truck, Throughout Tompkins | Statler Hotel – Banfi's, C-Ithaca         |
| Hillendale Golf, T-Enfield          | Statler Hotel – Terrace, C-Ithaca         |
| Ice Cream Caboose, V-Groton         | Sticky Rice, C-Ithaca                     |
| Inlet Island Café, C-Ithaca         | Subway-Collegetown, C-Ithaca              |
| Italian Carryout, T-Ithaca          | Taste of Thai Express, C-Ithaca           |
| Jade Garden, C-Ithaca               | Thai Palace, Throughout Tompkins          |
| John Thomas Steakhouse, T-Ithaca    | Toads Too, V-Freeville                    |
| Khmer Angkor, Throughout Tompkins   | Tuckers Catering, C-Ithaca                |
| Le Café Cent Dix, C-Ithaca          | Varna Community Center, T-Dryden          |
| Little Thai House, C-Ithaca         | Viva Taqueria & Cantina, C-Ithaca         |
| Mahogany Grill, C-Ithaca            |   |

**The Hazard Analysis Critical Control Point (HACCP) Inspection** is an opportunity for the establishment to have the health department review food processes in the facility to make sure that all potential hazards are identified and to assure that the best food safety practices are being used.

No HACCP inspections were conducted this month.

*Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.*

**The following re-inspections were conducted with no violations noted**

Casper's Diner, V-Groton  
 Ciao!, V-Lansing  
 Futai Buffet, C-Ithaca  
 Madelines Restaurant, C-Ithaca  
 Mehak Cuisine, C-Ithaca  
 New Delhi Diamonds, C-Ithaca  
 Sangam Restaurant, C-Ithaca  
 Seneca Place Food/Kilpatrick's, C-Ithaca  
 TC3, T-Dryden  
 That's How I Roll, Throughout Tompkins  
 ZaZa's Cucina, C-Ithaca

*Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.*

**Critical Violations were found at the following establishments:**

**That's How I Roll, Throughout Tompkins**

Potentially hazardous foods were held for an improper period of time at an unacceptable temperature. The facility operates with a waiver for time as a public health control. Temperature logs required for the waiver were not being maintained.

**Ciao!, V-Lansing**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods stayed at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 51-56°F. The product was removed from the unit and rapidly chilled to 45°F or less before use.

**Apollo Restaurant, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods stayed at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 52-54°F. The product was either discarded or moved to working refrigeration to be chilled to 45°F or less during the inspection.

**Futai Buffet, C-Ithaca**

Potentially hazardous foods were not pre-chilled to 45°F or less before being placed on the buffet line. Product on the buffet was observed to be at 56°F. The product was moved to the walk-in cooler to be rapidly chilled to 45°F or less before use.

**AGAVA, T-Ithaca**

Food workers did not use proper utensils to eliminate bare hand contact with cooked or prepared foods. A worker was observed preparing food for service with no barrier to bare hand contact. The product was used for a different menu item than intended, the alternative item required cooking.

**Mehak Cuisine, C-Ithaca**

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product was observed on a counter at 76-86°F. The product was moved to refrigerated storage to be rapidly chilled to 45°F or less.

**KoKo, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 52-57°F. The products were either discarded or moved to functioning refrigeration equipment to be chilled to 45°F or less.

**Sarah's-Collegetown, C-Ithaca**

Potentially hazardous foods not kept at or above 140°F during hot holding. Product in a hot holding unit was observed to be at 110-125°F. The product was rapidly reheated to 165°F or above before use.

**Seneca Place Kilpatrick's, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 50-54°F. The products were discarded during the inspection.

**Stella's-Collegetown, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 50-54°F. The products were either moved to the walk-in to be rapidly chilled to 45°F or less before use or discarded during the inspection.

**Dryden Hotel, V-Dryden**

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

**Second Landing Café, V-Lansing**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 51-55°F. The product was rapidly chilled to 45°F or less before use.

**Solaz, Throughout Tompkins**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 50-52°F. The product was rapidly chilled to 45°F or less before use.

**Collegetown Bagels-Aurora St., C-Tompkins**

Potentially hazardous foods were not stored under refrigeration. Products out for customer service were observed to be at 49-52°F. The products were rapidly chilled to 45°F or less before return to service.

Potentially hazardous foods were not pre-chilled to 45°F or less before placing out for service. Products on a service line were observed to be at 62-65°F. Products ready for service in a second location were observed to be at 52-55°F. The products were removed from service and chilled to 45°F or less before use.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were held at 45°F or less during cold holding. Products in two cold holding units were observed to be at temperatures ranging from 49-58°F. The products were moved to functioning storage to be chilled to 45°F or less before use.

**Star Truck, Throughout Tompkins**

Potentially hazardous foods were held for an improper period of time at an unacceptable temperature. Product in a cold holding unit was observed to be at 51-55°F. The product was rapidly chilled to 45°F or below before use.

***Temporary Food Service Operation Permits*** are issued for single events at one location. The Food Protection Program issued 51 temporary permits.

***Temporary food operation inspections*** are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

**The following inspections were conducted with no violation(s) noted:**

Agape Bible Church, V-Trumansburg	March of Dimes, C-Ithaca
B&B Kettle Corn, C-Ithaca	McLean Community Church, T-Groton
Havana Scoop, C-Ithaca	Sweet Dreams Concessions, C-Ithaca
Ithaca College Theories Gallery, C-Ithaca	Travelers Kitchen, LLC, C-Ithaca
Ithaca Organics, T-Dryden	Tropical Snow, C-Ithaca
Lansing Girls High School Soccer, V-Lansing	Trumansburg All Sports Booster Club, V-Trumansburg
Latino Civic Association, C-Ithaca	Trumansburg Elementary PTO, V-Trumansburg
Lehman Alternative Community School Cob Building Group, C-Ithaca	Wheelock Rides Candy Stand, T-Groton
Lehman Alternative Community School Fishing Group, C-Ithaca	Wheelock Rides Fried Dough, T-Groton
Macarollin Food Truck, C-Ithaca	Yakisobas, C-Ithaca

**Critical Violations were found at the following establishments:**

**Project Hope at Cornell, C-Ithaca**

Utensils were not used to eliminate bare hand contact with cooked or prepared foods. Products prepared with no elimination of bare hand contact were discarded during the inspection.

Accurate food thermometers were not available to monitor the temperatures of potentially hazardous foods.

**IHS Girls Varsity Soccer, V-Lansing**

Potentially hazardous foods were held at an improper temperature. Products in hot holding were observed to be at 110°F and 132°F. The products were reheated to 165°F or above before use.

**Mama Said, C-Ithaca**

Potentially hazardous foods were held at an improper temperature. Products in hold holding were observed to be 137°F. The products were reheated to 165°F before returning to service.

***Pre-Operational inspections*** are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.

**The following pre-operational inspections were conducted:**

Carrozza Pizza Co., V-Dryden  
The Dock, C-Ithaca  
Saigon Shavery, Throughout Tompkins

**Plans Approved:**

Saigon Kitchen Shavery, Throughout Tompkins

**New Permits Issued:**

Bici Cocina, Throughout Tompkins  
Carrozza Pizza Co., V-Dryden  
Gangnam Station, C-Ithaca

***The Food Protection Program received and investigated two complaints related to issues and/or problems at permitted food service establishments.***

**Engineering Plans Approved**

- Sapsucker Woods Replacement 390K Gallon Water Storage Tank, Ithaca-T
- TruHaven Apartments, 1100 gpd replacement sewage system, Ulysses-T
- Camp Comstock Health Services Bldg., 150 gpd replacement sewage system, Ulysses-T
- 131 Asbury Road, 360 gpd conversion sewage system, Lansing-T

One plan for cross-connection control to protect municipal water systems from hazardous connections was approved this month.

**Problem Alerts/Emergency Responses**

BWOs remain in effect at:

- 14-01-15 Bradford Apartments, T-Dryden. BWO issued 7/29/14 due to lack of chlorine in the distribution system. Currently under Board of Health Orders.
- 15-01-08 Brookton Market, T-Caroline. BWO issued on 5/6/15 due to lack of disinfection. Ongoing (waiting on replacement part for their GWUDI system).

**Healthy Neighborhoods Program**

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2015	YTD 2014	Total 2014*
# of Initial Home Visits	30	136	116	426
# of Revisits	12	65	42	98
# of Asthma Homes (initial)	6	23	15	67
# of Homes Approached	55	216	246	2034

\*Covers the calendar year (January through December)

**Updates**

- HNP will begin interviewing and hire a Project Assistant in June for the summer months.
- Samantha met with GIS IT staff on May 6 to continue working on the HNP map and create PDFs for our reporting.

**Outreach**

- On May 3, Samantha conducted outreach during Streets Alive! on Cayuga St. in downtown Ithaca. The table was shared with the water taste test to celebrate water week. We had 200 people stop by the table.
- On May 7, Samantha presented to the Adult Protective Services case workers at DSS to raise awareness about HNP and encourage referrals between the agencies.
- On May 8, Samantha was interviewed by an Ithaca Journal reporter about hazardous chemicals in the home and alternative cleaning products. The article will be published on June 1, "Hazards in Your House."
- On May 14, Samantha attended the Groton WIC clinic where a table was set up and participants were given information about HNP. (10 reached)
- On May 18, Samantha dropped off flyers and a poster to TC Action.
- On May 20, Pat dropped off flyers at Little Creek MHP and Hanshaw Village.
- On May 20, Samantha and Pat distributed information about HNP at the Ithaca Rabies Clinic. (2 visits, 50 reached)

**Childhood Lead Program**

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2015	YTD 2014	TOTAL 2014
<b>A: Active Cases (total referrals):</b>				
<b>A1: # of Children w/ BLL&gt;19.9ug/dl</b>	0	0	0	0
<b>A2: # of Children w/ BLL 10-19.9ug/dl</b>	0	1	3	5
<b>B: Total Environmental Inspections:</b>				
<b>B1: Due to A1</b>	0	0	2	3
<b>B2: Due to A2</b>	1	2	3	8
<b>C: Hazards Found:</b>				
<b>C1: Due to B1</b>	0	0	0	0
<b>C2: Due to B2</b>	1	2	3	6
<b>D: Abatelements Completed:</b>	0	1	0	0
<b>E: Environmental Lead Assessment Sent:</b>	1	1	2	5
<b>F: Interim Controls Completed:</b>	0	0	0	3
<b>G: Complaints/Service Requests (w/o medical referral):</b>	5	21	22	55
<b>H: Samples Collected for Lab Analysis:</b>				
- Paint	1	1	0	0
- Drinking Water	0	0	0	0
- Soil	1	1	2	2
- XRF	1	1	3	6
- Dust Wipes	1	2	3	6
- Other	0	0	1	1

**Summary of Open BOH Enforcement Actions:**

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
5/26/15	Rodeway Inn & Suites	Pratik Ahir	Operating a food service without a permit.	\$500	Penalty payment due 7/15/15.	Awaiting Payment
4/28/15, 12/2/14, 8/26/14	Bradford Apartments	Jeremiah Bradford	Public Water System Violations – Chlorine, Reporting & Monitoring	\$1500 (paid 12/5/14) \$3000 (due 1/15/15) \$1200 (due 6/15/15)	BOH deadlines not met.	Referred to Collection for \$3000 penalty. Boil Water Order remains in effect until compliance is achieved.
3/24/15	Upstate District Nazarene	Stanley McLain	Violation of BOH Orders (Water) – Modifications without Approval	N/A	Comprehensive report due June 15, 2015.	Awaiting Compliance
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Complete construction of TTHM reduction project or implement operational changes by 9/15/15.	Awaiting Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Revised engineering study due 6/15/15.	Awaiting Compliance



Your Partner for a Healthy Community

Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
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**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

June 5, 2015

Xiang Lan Liang  
Jin Wu Restaurant  
113 East State Street  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # ENF-15-0015  
Jin Wu Restaurant, Food Service Establishment, C-Ithaca**

Dear Xiang Lan Liang:

Thank you for signing the Stipulation Agreement on May 20, 2015, for Jin Wu Restaurant.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 23, 2015**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

A handwritten signature in black ink that reads "C. Elizabeth Cameron". The signature is written in a cursive, flowing style.

C. Elizabeth Cameron, P.E.  
Director of Environmental Health

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Jin Wu\Draft Resolution 15-0015.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Ithaca Building Department; Mayor Myrick C-Ithaca; Nathan Shinagawa, TC Legislature; TCHD: Elizabeth Cameron,  
P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela



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55 Brown Road  
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**DRAFT RESOLUTION # ENF-15-0015 FOR**

**Jin Wu Restaurant  
Xiang Lan Liang, Owner/Operator  
113 East State Street, C-Ithaca  
Ithaca, NY 14850**

**Whereas**, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code; **and**

**Whereas**, a waiver from compliance with Section 14-1.40 (a) of Part 14-1 of the New York State Sanitary Code using time as a monitoring tool for sushi rice is issued by the Health Department to the Jin Wu Restaurant requiring time log sheets to be maintained; **and**

**Whereas**, on April 2, 2015, and April 28, 2015, the Tompkins County Health Department observed critical violations which included failure to maintain potentially hazardous foods at or above 140°F during hot holding. Sushi rice was observed at temperatures between 87°F and 110°F and time log sheets were not being maintained by the facility; **and**

**Whereas**, if any of these Orders are not met, the waiver for Time as a Public Health Control may be revoked by TCHD; **and**

**Whereas**, Xiang Lan Liang, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on May 20, 2015, agreeing that Jin We Restaurant violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Xiang Lan Liang, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due August 14, 2015. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain a time log for sushi rice. All sushi rice that has been held for four hours will be discarded. The time will start upon completion of making the sushi rice; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**STIPULATION AGREEMENT AND ORDERS # ENF-15-0015**

**Jin Wu Restaurant  
Xiang Lan Liang, Owner/Operator  
113 East State Street, C-Ithaca  
Ithaca, NY 14850**

I, Xiang Lan Liang, as a representative for Jin Wu Restaurant, agree that on April 2, 2015, and April 28, 2015, I was in violation of of Part 14-1 of the New York State Sanitary Code for failure to maintain potentially hazardous foods at or below 45°F or at or above 140°F and for failure to meet conditions of the waiver requirements for using Time as a Public Health Control.

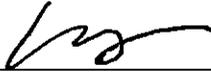
I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

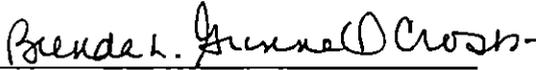
1. To maintain a time log for sushi rice. All sushi rice that has been held for four hours will be discarded. The time will start upon completion of making the sushi rice; **and**
2. To comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

I understand that failure to comply with the above orders may result in the waiver for Time as a Public Health Control to be revoked as a condition on the permit to operate a Jin Wu Restaurant.

I also understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: \_\_\_\_\_  \_\_\_\_\_ Date: 05/20/15

Xiang Lan Liang is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa  \_\_\_\_\_ Date: 5/20/15  
Frank Kruppa  
Public Health Director



Frank Krüppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**CASE SUMMARY – FOR RESOLUTION # ENF 15-0015**

**Jin Wu Restaurant**  
**Xiang Lan Liang, Operator**  
**113 East State Street, C-Ithaca**  
**Ithaca, NY 14850**

**June 2015**

Date	Action
5/20/2015	Office conference held at Health Department. Stipulation signed by Xiang Lan Liang.
5/4/2015	Stipulation Agreement and Orders sent to Jin Wu Restaurant by Health Department.
04/28/2015	Re-inspection by TCHD: <b>Violations:</b> Potentially hazardous foods were not kept at or above 140°F during hot holding. Product with a waiver for time as a public health control was observed to be at 87°F. Temperature logs had not been maintained for several days. (Refrigerated storage equipment violation sited on 4/2/15 was observed to be corrected.)
04/02/2015	Inspection by TCHD: <b>Violations:</b> Enough refrigerated storage equipment was not maintained operated to hold potentially hazardous food at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 50-52°F. Potentially hazardous foods were not kept at or above 140°F during hot holding. Product with a waiver for time as a public health control was observed to be at 110°F. Temperature logs for the product had not been completed since March 28, 2015.
03/06/2015	Permit to Operate Jin Wu Restaurant issued.



Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

June 5, 2015

Matthew Garner  
Stella's  
403 College Avenue  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # ENF-15-0016  
Violation of Board of Health Orders # 13.10.25  
Stella's, Food Service Establishment, C-Ithaca**

Dear Mr. Garner:

On May 13, 2015, Health Department staff inspected Stella's and observed and recorded a violation of Part 14-1.40 of the New York State Sanitary Code. The Critical Violation included failure to maintain potentially hazardous foods at 45°F or below. A cooler/sandwich unit was observed holding cold foods including sliced ham, shell eggs and cream at temperatures between 50-54°F.

On June 2, 2015, Health Department staff re-inspected Stella's and again observed and recorded a violation of Part 14-1.40 of the New York State Sanitary Code. A cooler/sandwich unit was observed holding cold foods including sliced ham, cooked onions, hamburger patties and raw chicken and cream at temperatures between 51-57°F.

In addition, Stella's is in violation of Board of Health Orders #13.10.25, adopted on December 12, 2013, which requires compliance with all requirements of Subpart 14-1.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 23, 2015**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

C. Elizabeth Cameron, P.E.  
Director of Environmental Health

Enclosures – Draft Resolution, BOH Orders #13.10.25 and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Stella's Collegetown\2015\Draft Resolution ENF-15-0016.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Matthew Taylor, General Manager, Stella's; Mayor Myrick C-Ithaca; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**DRAFT RESOLUTION # ENF-15-0016 FOR**

**Stella's  
Streetcar LLC , Matthew Garner, Owner/Operator  
403 College Avenue, C-Ithaca  
Ithaca, NY 14850**

**Whereas**, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code; **and**

**Whereas**, on December 10, 2013, the Tompkins County Board of Health adopted Resolution #13.10.25 ordering Matthew Garner to comply with the requirements of Part 14-1 of the New York State Code for Food Service Establishments; **and**

**Whereas**, on May 13, 2015, the Tompkins County Health Department found a critical violation which included failure to maintain potentially hazardous foods at 45°F or below. A cooler/sandwich unit was observed holding cold foods including sliced ham, shell eggs and cream at temperatures between 50-54°F; **and**

**Whereas**, on June 2, 2015, the Tompkins County Health Department found a critical violation which included failure to maintain potentially hazardous foods at 45°F or below. A cooler/sandwich unit was observed holding cold foods including sliced ham, cooked onions, hamburger patties, raw chicken and cream at temperatures between 51-57°F; **and**

**Whereas**, Stella's has failed to comply with Part 14-1 of the New York State Code for Food Service Establishments as required in the December 10, 2013, Orders; **and**

**Whereas**, Matthew Garner, Operator, violated these provisions of the New York State Sanitary Code and the Tompkins County Board of Health Orders adopted December 10, 2013; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Matthew Garner, Operator, is ordered to:**

1. Pay a penalty of \$800 for these violations, due August 14, 2015. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage; **and**
3. Provide proof of repair of existing cooler/sandwich unit by a commercial refrigeration repair specialist or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department by **July 15, 2015;**  
**and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**RESOLUTION # 13.10.25 FOR**

**Stella's  
Matthew Garner, Streetcar LLC, Owner  
403 College Avenue, C-Ithaca  
Ithaca, NY 14850**

**Whereas**, the owner/operator of a Food Service Establishment must comply with the regulations established under Subpart 14-1 of the New York State Sanitary Code; **and**

**Whereas**, on September 17, 2013, the Tompkins County Health Department observed and recorded a critical violation that included failure to protect cooked or prepared foods from cross-contamination with raw foods. Whole shell eggs were observed stored above olives and relish, and next to blueberries in the bar cooler; **and**

**Whereas**, on October 9, 2013, the Tompkins County Health Department observed and recorded a critical violation that included failure to protect cooked or prepared foods from cross-contamination with raw foods. Whole shell eggs in a plastic container were observed stored in the bar cooler above mint leaves and mustard; **and**

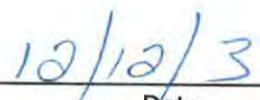
**Whereas**, Matthew Garner, Owner, signed a Stipulation Agreement with Public Health Director's Orders on October 30, 2013, agreeing that Stella's violated these provisions of the New York State Sanitary Code and the Tompkins County Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Matthew Garner, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by January 17, 2014; and**
2. Store and protect all prepared food not subject to further cooking against cross-contamination from raw food requiring cooking and comply with all the requirements of Subpart 14-1 of the NYSSC.

**This action was adopted by the Tompkins County Board of Health at its regular meeting on December 10, 2013.**

  
\_\_\_\_\_  
Frank Kruppa  
Public Health Director

  
\_\_\_\_\_  
Date

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**CASE SUMMARY – FOR RESOLUTION # ENF-15-0016**

**Stella's**  
**Streetcar LLC, Matthew Garner, Operator**  
**403 College Avenue, C-Ithaca**  
**Ithaca, NY 14850**

**June 2015**

Date	Action
06/02/2015	Re-inspection by TCHD: <b>Violations:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in a sandwich cooler were observed to be at 51-57°F. The products were discarded during the inspection or moved to working refrigeration.
05/13/2015	Inspection by TCHD: <b>Violations:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a sandwich cooler was observed to be at 50-54°F. The products were discarded during the inspection.
09/03/2014	Inspection by TCHD: No violation noted.
07/09/2014	Inspection by TCHD: No violations noted.
04/01/2014	Re-inspection by TCHD: Violation observed on 3/11/2014 was corrected.
03/11/2014	Inspection by TCHD: <b>Violations:</b> Potentially hazardous foods were not stored under refrigeration. Whole and skim milk on a counter for customer use were observed to be at 50-56°F.
12/19/2013	Re-inspection by TCHD: Violations observed on 9/17/2013 and 10/9/2013 were corrected.
12/10/2013	BOH adopts Resolution #13.10.25 requiring Stella's to pay a \$400 penalty, store and protect all prepared food not subject to further cooking against cross-contamination from raw food requiring cooking and comply with all requirements of Subpart 14-1 of the NYSSC.
10/9/2013	Re-inspection by TCHD: <b>Violations:</b> Cooked or prepared foods were subject to cross contamination from raw foods. Observed whole shell eggs in a plastic container in the bar cooler stored above mint leaves and mustard for use at the bar.
09/17/2013	Inspection by TCHD: <b>Violations:</b> Cooked or prepared foods were subject to cross-contamination from raw foods. Observed whole shell eggs stored above olives and relish, and next to blueberries in the bar cooler. Food workers to not use proper utensils to eliminate bare hand contact with prepared foods. Observed food worker preparing a spinach salad with bare hands.
03/22/2013	Re-inspection by TCHD: Violations observed during inspection of 03/04/2012 were corrected.
03/04/2012	Inspection by TCHD: <b>Violations:</b> Potentially hazardous foods were not stored under refrigeration. Observed product on a service counter at 58-60°F.
09/20/2012	Re-inspection by TCHD: Violations observed during inspection of 09/05/2012 were corrected.
09/05/2012	Inspection by TCHD: <b>Violations:</b> Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Product was observed in a cooler at 50°F.
01/12/2012	Inspection by TCHD: No violations noted.

**Stella's Case Summary**

**Page 2 of 2**

08/17/2011	Re-inspection by TCHD: Violation observed during inspection of 7/27/2011 corrected.
07/27/2011	Inspection by TCHD: <b>Violations:</b> Potentially hazardous foods not kept at or above 140°F during hot holding. Product was observed at 110-115°F in a hot holding unit.
02/04/2011	Inspection by TCHD: No violations noted.
08/17/2010	Inspection by TCHD: No violations noted.
02/23/2010	Re-inspection by TCHD: Violations observed during inspection of 02/04/2010 corrected.
02/04/2010	Inspection by TCHD: <b>Violations:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Product observed in cooler at 50-55°F. Accurate thermometers not available or used to evaluate potentially hazardous foods during cooking, cooling, reheating and holding.
8/29/2008	Permit to Operate Stella's issued.

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**ELECTRONIC, CERTIFIED AND REGULAR MAIL**

June 5, 2015

Elizabeth Thomas, Supervisor  
Town of Ulysses  
10 Elm Street  
Trumansburg, New York 14886

**Re: Tompkins County Board of Health Draft Resolution #13.1.20 - Revised  
Ulysses WD #3 – TTHM Exceeding Maximum Contaminant Level**

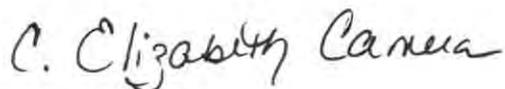
Dear Supervisor Thomas:

We have received your request to modify Resolution #13.1.20 to allow time for further study and evaluation of the alternatives available to you for correcting your TTHM violation. We recognize the complexities and design limitations of your water distribution system and support your additional efforts. Enclosed is a copy of the Revised Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 23, 2015**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Steve Maybee, P.E., Public Health Engineer or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

We appreciate your cooperation to date and working with us to abate these violations.

Sincerely,



C. Elizabeth Cameron, P.E.  
Director of Environmental Health

Enclosure(s) – Draft Revised Resolution, Ulysses WD#3 Progress Report dated May 8, 2015

pc: F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Ulysses Water District #3\Enforcement\UlyssesDraftBOHResolution 13.1.20-revised 6-2015.docx  
ec: Board of Health (via Shelley Comisi); James Dennis, TC Legislature; Elizabeth Thomas; Town of Ulysses; John Strepelis, P.E., NYSDOH; TCHD: Elizabeth Cameron, Steve Maybee, Adriel Shea, Chris Laverack, Skip Parr, Frank Kruppa, Brenda Coyle  
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ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**DRAFT RESOLUTION #13.1.20- Rev #2 FOR**

**Town of Ulysses Water District #3 PWS  
Elizabeth Thomas, Supervisor, Town of Ulysses  
10 Elm St.  
Trumansburg, NY 14886**

**Whereas**, it is a violation of Subpart 5-1.52 of the New York State Sanitary Code (NYSSC) to exceed the Maximum Contaminant Level (MCL) for Total Trihalomethanes (TTHMs) of 80 ug/l; **and**

**Whereas**, the Ulysses Water District #3 (WD#3) Public Water System exceeded the MCL for TTHMs of 80 ug/l; **and**

**Whereas**, the Board of Health adopted Resolution #13.1.20 on December 10, 2013, which was revised on July 24, 2014, requiring the Ulysses WD #3 Public Water System to correct this violation; **and**

**Whereas**, the Ulysses WD #3 has worked diligently to evaluate options for correcting the violation, and remediation options available include modification (mixing and/or aeration) to the water tank(s) or connection to the Village of Trumansburg public water supply; **and**

**Whereas**, modification to the water supply tank(s) is much more economical but may not fully correct the violation and connecting to the Village of Trumansburg water supply is much more costly but would fully correct the violation; **and**

**Whereas**, the Town of Ulysses has requested additional time to allow further evaluate technical, operational, and financial options; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health, that the Town of Ulysses, is ordered to:**

1. **Before September 15, 2015**, submit a revised engineering report and plans (including a more detailed evaluation of alternatives and recommendations) to the Tompkins County Health Department to reduce TTHMs below the quarterly running annual maximum contaminant level of 80 ug/l; **and**
2. **Before April 15, 2016**, submit a detailed construction plan and schedule which, when approved by the Health Department, will be incorporated into this Resolution; **and**
3. Collect all water quality samples as required in Subpart 5-1 of the NYSSC, including quarterly monitoring for TTHMs and haloacetic acids (HAA5s), during the time period in which they are due to be sampled; **and**
4. Provide notification of the TTHM violations to all users in compliance with Tier 2 public notification requirements for every quarter that there is an MCL violation for TTHMs; **and**
5. Submit quarterly progress reports with the quarterly public notices; **and**
6. Comply with the Stage 2 Disinfections and Disinfection Byproduct Rule (Stage 2 DBP Rule) which takes effect for Schedule 4 systems on October 1, 2013; **and**

7. Calculate the running annual average (RAA) for TTHMs and HAA5 samples and submit with the laboratory reports a table summarizing the results and the RAA; **and**
8. Comply with all Subpart 5-1 requirements of the NYSSC, including public notification requirements for any violations.



## TOWN OF ULYSSES

10 Elm Street, Trumansburg, NY 14886

ulysses.ny.us

Town Supervisor (607) 387-5767, Ext 232 supervisor@ulysses.ny.us  
Town Clerk (607) 387-5767, Ext 221 clerks@ulysses.ny.us

May 8, 2015

Tompkins County Department of Health  
55 Brown Road  
Ithaca, NY 14845

Attn: C. Elizabeth Cameron, PE, Director of Environmental Health

**Re: Ulysses WD#3 - Exceedance of Maximum Contaminant Limit  
Progress Report and Proposed Schedule Revisions**

Dear Ms. Cameron;

As you are aware, the Town of Ulysses has been investigating methods to address the Total Trihalomethane (TTHM) exceedances in Water District #3. At the end of 2013, the Town began additional sampling and monitoring of TTHM's and also began researching treatment options that may be installed within the town's water storage facility to reduce TTHMs. Since that time, a hydraulic model and an associated Engineering Report evaluating relative options has been provided by Hunt Engineers. The report, submitted in September 2014, not only included a hydraulic analysis but also included the investigation of various improvement options and recommendations that were intended to meet the Tompkins County Department of Health January 15, 2015 deadline. That Engineering Report made reference to interim improvements consisting of changes in water tank operations and the installation of a TTHM reducing aeration system. It also suggested a long term option consisting of the Town pursuing financing for a connection to the Village of Trumansburg Water System.

Since the submission of this Engineering Report, we have continued to further sample, research, and evaluate our TTHM situation. During these subsequent investigations it has become clearer that current hydraulic conditions and the design and operation of our water storage tank may limit the effectiveness of such a treatment system if installed only in the Ulysses water tank. We have also discussed the potential to evaluate the installation of a TTHM reduction system in both the Town of Ulysses water storage tank and the Town of Ithaca water storage tank which may provide a more reliable solution with more consistent results. At this time, Tim Steed from Hunt Engineers is further evaluating and modeling this potential solution. In addition, the Town of Ithaca (in February, 2015) has identified their potential interest in cost sharing with this potential option.

We are continuing to evaluate four potential options for reducing TTHM's. They include:

- 1) TTHM reduction system at Ulysses Water Tank – We will continue to evaluate this option and the potential effectiveness of this option along with its relative cost. This option includes the installation of an aeration mixing system in the Ulysses Water Tank on Van Doren Road along with significant operational changes to the operation of the water tank levels.
- 2) TTHM reduction system at Ithaca Water Tank – we will be evaluating and modeling the installation of an aeration mixing system in the Town of Ithaca Water Tank (near the Cayuga Medical Center). Evaluation of this option will include the overall capital cost and the potential effectiveness of this potential system. A cost sharing opportunity and Inter-municipal Agreement (IMA) will be considered between the Townships of Ithaca and Ulysses for this option.
- 3) TTHM reduction system at both Water Tanks – the installation of aeration mixing systems in both tanks (Ulysses and Ithaca Water Storage Tanks) will be modeled to determine the potential benefit of utilizing both tank locations to reduce TTHM's for a more dependable option and how this cost compares to other options. This will also include a cost sharing opportunity as well as an IMA with the Town of Ithaca.
- 4) Connection to the Village of Trumansburg Water System – We will continue to evaluate the potential connection to the Village Water supply including the potential capital costs, potential water rates, and the potential financing that may be available for this option. This has been identified as the best long term option, however, the cost is considerably more than the other 3 potential solutions.

Recently, the Town of Ulysses has contracted with MRB Group to be the Town's general consulting engineer. It is anticipated that MRB Group will be reviewing each of the options, as noted above, and assisting the Town in selecting an option. Each option will be evaluated for its effectiveness in reducing TTHM's below the Maximum Contamination Level (MCL), the anticipated capital costs, and what the actual end user cost may be based on the anticipated water rate structure for each option.

In order to determine the financial impact of any of the options, MRB Group will prepare an engineering report. The report will be utilized to determine financing potential for the project regardless of which option is chosen. The engineering report will be submitted to NYS EFC to pursue funding through the Drinking Water State Revolving Fund (DWSRF) program. In addition, the Town has initiated discussions with the Village of Trumansburg over a potential water rate for the option of connecting to the Village system so that this option, and the end user cost, can be appropriately evaluated.

As we continue to bring this TTHM issue to resolution, we realize that we will need more time to properly evaluate each alternative so that we can be confident in selecting the best long term solution for our water users. Considerations of the various capital costs, effectiveness of each option, long term reliability of each option, and certainly the potential financing and water rates are all important aspects of this decision. As we are very aware of the violation issues and the concern regarding TTHM's, we would respectfully ask that

the Tompkins County Health Department consider granting a time extension so that the Town can pursue the best long term option with more confidence.

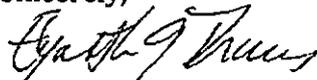
We are respectfully requesting an extension to the Tompkins County Health Department Resolution #13.1.20 and associated compliance schedule. The schedule would be much shorter should an aerator or dual aerators be the optimal solution. The longest solution—a connection to Trumansburg—would require the most time. We are basing our request for an extension on the longest amount of time we might require, therefore considering the connection to Trumansburg, the schedule would be as follows. If one of the aerator solutions is selected, the work will be completed by June 2016.

Complete Engineering Report	Aug, 2015
Submit for NYSEFC Funding assistance and IUP Project Listing	Sept, 2015
Secure Financing (EFC Finance Application or Bond)	February, 2016
Begin Design of Improvements	March, 2016
Complete Design of Improvements	December, 2016
Start Improvement Construction	April, 2016
Complete Improvement Construction and Meet Compliance	April, 2017

Residents of Water District 3 are highly concerned over the potential costs they may have to incur over and above their current estimated annual fee of over \$500. Hearing their concerns, the town initiated a TTHM Working Group that has met twice since formed in 2015 to help assist in the evaluation process.

The Town remains extremely aware of the need to correct this violation and wants to continue to work closely with the Tompkins County Department of Health as well as affected residents to identify and implement an acceptable solution as expediently as possible. If the TCDH would like to meet to discuss the above proposal and request in more detail, please let me know and we would be glad to take time to meet and discuss. In addition, if you have any other immediate questions regarding our proposed approach or schedule, please feel free to contact me at any time.

Sincerely,



Elizabeth Thomas  
Town Supervisor